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Président : L'honorable Ted Arnott
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Tuesday 24 November 2020

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 24 novembre 2020

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PRIVATE MEMBERS' PUBLIC BUSINESS

FAIRNESS FOR RESIDENTIAL SUPERINTENDENTS, JANITORS AND CARETAKERS ACT, 2020

LOI DE 2020 SUR L'ÉQUITÉ POUR LES CONCIERGES, LES EMPLOYÉS D'IMMEUBLE OU LES PRÉPOSÉS À L'ENTRETIEN D'UN IMMEUBLE D'HABITATION

Mr. Bisson moved second reading of the following bill:

Bill 210, An Act to amend the Employment Standards Act, 2000 with respect to the minimum wage for residential superintendents, janitors and caretakers / Projet de loi 210, Loi modifiant la Loi de 2000 sur les normes d'emploi en ce qui concerne le salaire minimum des concierges, employés d'immeuble ou préposés à l'entretien d'un immeuble d'habitation.

The Acting Speaker (Mr. Percy Hatfield): We return to Mr. Bisson, the member from Timmins.

Mr. Gilles Bisson: It's quite an honour for members of this assembly on all sides to be able to have an opportunity to bring forward legislation to the House and actually have it debated and possibly have it passed. I look at my good friend across the way who has a bill that has gone through second reading and that we know eventually is going to get passed at third reading, maybe sooner rather than later, in regard to the Magna Carta. I just want to start off by saying it's a real honour to be able to do these things, because every now and then you can do something that fixes a quirk in the law that, quite frankly, needs fixing. This is one of those, and I'm hoping that the government will see its way to supporting it.

Currently, under the Employment Standards Act and other legislation, there is a little quirk in the law that says if you're a janitor or a superintendent working for one of those large apartment buildings and it's your job to maintain that particular building, your employer doesn't have to pay you a minimum wage. I knew that, but I always assumed that they get close to it by the time you count everything up and it wouldn't be all that bad.

But at the beginning of this pandemic, like all of you in this House—you call your various businesses. You call everybody in regard to how are things doing, what's going on, etc. One of the groups that I called at the beginning—well, not at the beginning, probably sometime around April, May sometime. I started calling landlords, both small and large, and calling some of these building superintendents, because like you, guess what, we go knocking at doors in those buildings. We know most of these superintendents and janitors by name because we've been dealing with them, and some of them have been there a long time. Lo and behold, what I was being told was, first of all, most tenants in the city of Timmins were paying the rent and doing what they had to do. There was the odd person who had difficulty and the odd person who was the regular sort of person that sometimes has difficulty paying rent. But by and large, a large percentage of people—90%-plus—were paying their rent, so that was good.

But when I was talking to the building superintendents—and I called pretty well every building that I know where they have superintendents, both in private and not-for-profit housing complexes—what they were telling me is that the increased workload as a result of COVID is making it that they were being asked to do far more than they normally have to do when it comes to their work inside those buildings—and fair enough. They accepted that because they understood, like everybody else in society, they had a responsibility in order to clean the building, make sure reception is clean, clean the hand rails, do all the things that have to be done, monitor people coming in and out of the building to make sure that they were following whatever the rules were that were established at the time when it comes to limiting the spread of COVID-19.

What they were telling me was, "We're doing all of this work, and we're lucky if we're getting five bucks an hour." I said, "You're kidding me." They said, "Yeah, yeah, by the time you add up all of the hours"—and including the rent, because, as you know, not everybody, but some of them have their rent paid by the owner of the building, the big large apartment building, and they get a wage on top of that. But when you added it all it up, it didn't come up to five or six bucks an hour. I thought, "Come on—BS. That doesn't make any sense." I knew a couple of these people, so I went over and had a couple of conversations with them, by phone initially, and had them send me some paperwork, and lo and behold, there's a whole bunch of people who are employed by large buildings to maintain those buildings—be it the superintendents, be it the janitor, the caretaker, whatever—and they were not being paid a minimum wage. I just thought, "You know, in this day and age, that's not fair."

We talk about the heroes of COVID-19, and rightfully so; we talk about PSWs, and we talk about health care workers, and we talk about all of those people in retail stores who are out there selling us groceries and getting us what we need in order to survive—especially last spring, when we were in lockdown. Well, here we were in lockdown, and these individuals were being asked to do above and beyond what they normally do, which they gladly took on. They weren't mad about that but were not very happy when they looked at their paycheques and they were averaging far less than what the minimum wage was. They were getting, on average, not even half of what the minimum wage was. So I thought to myself, "Well, that's not fair."

The building that rents the units—it's not as if they're going to go broke paying a person minimum wage. Listen, if the corner store down the street—the 7-Eleven or the mom-and-pop store—has to pay their employees minimum wage, on probably lesser margins when it comes to profit from sales of items, compared to what a large apartment building will get when it comes to rents overall, especially once they've written off that building and the mortgage has been paid, it's not fair that these individuals don't get a minimum wage. So I thought, "Well, let's see what we can do about that."

As you know, we have legislative counsel here at Queen's Park, so I contacted legislative counsel, who then looked into it and drafted a bill that I tabled in the House a couple of months ago and that is being debated today. Essentially, all the bill does is it says, "These workers should be treated like all other workers. If you work in Ontario, you're entitled to a minimum wage—and why not do the same when it comes to those people who are working in our apartment buildings, maintaining the buildings that we live in?" If they're not doing their jobs, that's not good for us as tenants and it's not good for the landlord, because the building will become far more apt to transmit COVID-19, in the case of this pandemic, as a result of maybe not enough cleaning or not monitoring people who are walking into the building etc., etc. The bill is fairly straightforward. It says, "Pay these people what they deserve. Pay them at least the minimum wage." It's not like the apartment buildings are going to go broke paying this minimum wage. This has been a quirk in the law that has existed for a very, very long time.

I'm hoping beyond all hope that the government across the way is going to say, "Yes, let's allow this bill to go to committee. Let's pass it at second reading. Let's send this bill off to committee. Let's hear from the landlords and the owners of the buildings. Let's hear what they have to say about having to pay people minimum wage." I think that's fair. They need a voice in this, as well. Let's hear from tenants. Let's hear from the small business community. Let's hear from the labour movement. Let's hear from janitors and superintendents and caretakers of apartment buildings. Maybe we can hear from them, too. And then we can come back with a bill, if the government doesn't like it in its present form, that will allow us to provide some ability to level the playing field when it comes to these workers in our province, who are, quite frankly, not getting what it is that they should get when it comes to minimum wage.

I also just want to say in this debate, what impressed me in talking to all of these superintendents and others—sometimes it's a very tough job. They're having to deal with people who may not be happy—not that we ever have that situation, as MPPs. Everybody who comes and sees us is always very, very happy. They're sometimes having to deal with tenants who are having difficulty—something is not working in the apartment and they're trying to get it fixed. The repair man hasn't shown up on time. Sometimes they get an earful, and I'll tell you, it's not easy to take, for those particular workers. We're asking them to do all of this work for what is half of minimum wage. I just don't think that's fair. Fair is fair. Workers should have the decency to be paid commensurate salary based on what it is that they're doing.

In Ontario, as in all other jurisdictions, there is a minimum wage, and there should not be an exemption where large apartment buildings have an ability to say, "No, we're not going to pay you minimum wage; we're going to pay you less." Quite frankly, that time has gone past. I think we need to recognize that it's not as if the apartment buildings will not be able to afford this. In the end, it's not a huge amount of money, but for that individual who's working for less than minimum wage, it is a lot of money, and it puts them in a spot where they don't need to be.

Again, I say to the government across the way, I hope that you will support this bill. I hope that you'll allow it to go to committee. If you have concerns that you would like to amend in any kind of way, I'm open to amendment. I don't have a problem with that. So I'm asking the government across the way, allow the bill to go into committee so that we can do the work that has to be done in order to bring justice and fairness to workers in this province who deserve and should get at least a minimum wage.

1810

The Speaker (Hon. Ted Arnott): Further debate?

Ms. Jane McKenna: Thank you to the honourable member from Timmins for introducing this bill. Bill 210, An Act to amend the Employment Standards Act, 2000 with respect to the minimum wage for residential superintendents, janitors and caretakers, certainly deserves further review and discussion. That is why I urge members of this House to support this bill.

This legislation will greatly impact many employees, employers and municipalities in the province of Ontario. The proposed changes being put forward should not be taken lightly, and I have confidence in my colleagues on all sides of the aisle to thoroughly study and analyze this issue.

Mr. Speaker, as we all know, the COVID-19 pandemic has created many difficulties for families, businesses and the hard-working people of Ontario. Our government stands shoulder to shoulder with the hard-working people of this province. We take the enforcement of the Employment Standards Act very seriously. Since the beginning of

this pandemic, our government has been working to ensure that our economy can gradually and safely reopen.

That's why one of the first pieces of legislation we passed, with unanimous support of this House, was to amend the Employment Standards Act and protect workers from losing their jobs. We were among the first in Canada to pass such progressive legislation, and this protection for workers will remain in place until COVID-19 is defeated.

Mr. Speaker, it is obvious we have spared no expense when it comes to supporting the people of this province. We have acted decisively and we continue to do so to protect Ontario workers. Our government will continuously change and update Ontario's labour laws to ensure everyone is safe and supported.

Our government supports the spirit of this legislation, but we believe the impacts on stakeholders, especially municipalities, who are often the employers, need to be carefully examined before voting on this legislation. Ontario's community housing has been greatly impacted by COVID-19, and we fear that this change to the Employment Standards Act may indirectly harm those who need our help the most.

Mr. Speaker, the added labour cost this would create for municipalities is something we seriously need to consider. Our government has been working collaboratively with municipalities to create long-term housing solutions for those in need and provide the support needed to safely and successfully transition to recovery. We are investing nearly $1 billion in 2020-21 alone to help repair and grow community housing in Ontario. We are building on early provincial investments to help municipalities with the impacts of COVID-19. Our Social Services Relief Fund is now providing $510 million, including additional funding under the Safe Restart Agreement, to municipal service managers and Indigenous program administrators.

In addition to our investments, we have made changes that have simplified rent calculations for more predictable rent, making life easier for those accessing community housing. Our government has made great strides in improving social housing, and we do not want to eliminate the progress we have made by adding another layer of cost.

Municipalities are already tight for cash, so to add another large expense would not be in the best interest of Ontario families. At this time, the impacts of this legislation cannot be accurately forecasted, and I believe we need to consult with the municipalities and stakeholders to get this right.

Mr. Speaker, during this global pandemic we must ensure every decision we make will support the families and municipalities in Ontario. Every option is on the table when it comes to supporting the people of our province, and that's why I urge members of this House to debate this proposed legislation at committee.

The Speaker (Hon. Ted Arnott): Further debate?

Ms. Peggy Sattler: As the employment standards critic for the official opposition, I am pleased to rise today to offer my support for the private member's bill introduced by my colleague the member for Timmins.

I think it may surprise people who are watching this debate and even some of us sitting in the House that there are, in fact, more than 85 categories of exemptions in the Employment Standards Act. This exemption for residential caretakers is one of those 85 categories. The reality is that when you exempt certain groups of employees, certain industries, certain sectors from employment standards protection, you are creating a whole class of vulnerable workers. In fact, because of those 85 exemptions that are spelled out in the act, less than one quarter of Ontario employees receive full coverage of the legal protections offered by the Employment Standards Act. The people among those three quarters of workers who don't get that full protection are disproportionately part-time workers, temporary workers, low-wage workers, women workers, young workers. All of these categories of workers are much less likely to be fully covered. This, of course, contributes to the growth of precarious work that creates such vulnerability for people in our province.

Speaker, in 2016, the Changing Workplaces Review was launched by the previous government. A focus of that review was really on these 85 exemptions. The review noted that these are outdated, inconsistent, often lacking in rationale. They also pointed out how many workers in this province are denied the protection under the law. They recommended that exemptions be eliminated specifically for seven categories of workers. Among those seven categories were residential building superintendents, janitors and caretakers.

This exemption for these workers had been in place in Ontario since 1969, so my colleague's private member's bill to look at that exemption is certainly long overdue. As he described, in the context of COVID-19 and the changing nature of the work that residential building superintendents do, there is even further justification for proceeding with this change.

We also heard during the Changing Workplaces Review that the ministry has regularly been hearing from superintendents with concerns about their lack of employment protections. They talked about emails received, about the fact that they are expected to be available 24/7; so as my colleague pointed out, it means that the wages that they earn are much below minimum wage.

The Changing Workplaces Review also noted that British Columbia and Nova Scotia are the only other provinces that include exemptions for superintendents.

Speaker, I once again want to reiterate my support for my colleague's bill and to encourage our continued efforts to make sure that all workers in this province receive the full protection from the Employment Standards Act that they deserve.

The Speaker (Hon. Ted Arnott): Further debate?

Ms. Andrea Khanjin: It's a pleasure to rise in the Legislature this evening to join the debate on Bill 210, an act to amend the Employment Standards Act.

Speaker, as the honourable member from Burlington has already stated, our government firmly believes that everyone deserves fair pay for their hard day's work.

As the member opposite has said, superintendents, janitors and custodians are already exempt from certain sections of the Employment Standards Act because of the nature of their work.

Our government knows that the ways people are working are changing. For example, today many of the employees I mentioned use new technology to help them do many of their tasks differently. For this reason, it could be time to review what employment standards we apply to these roles.

1820

Supporting this legislation today will allow us to find out more. It will allow us to speak to those impacted—both on the management side and the labour side. It is the responsible thing to do.

While our government is always willing to support Ontario workers—we're not just willing to support them, but we have a proven record of action, whether it's improving enforcement or the protecting workers act, just to name a few—we're always considering what it means for employers, especially the broader public sector employers, who employ many people. Today, of course, we're talking about those who employ residential superintendents, janitors and caretakers in buildings owned by municipalities.

That's why it's important to note that the increased labour costs involved with this proposed legislation will have a significant impact on employers and municipalities. This goes against our government's efforts to support businesses, municipalities and the economic recovery from the impacts that have happened because of COVID-19. Now more than ever, municipalities need financial relief and our government's support to get them through COVID-19. We do not want to undermine the ability of municipalities to meet residential needs affordably. After all, there is only one taxpayer.

Speaker, our government has been working tirelessly since the start of this pandemic to support the people of Ontario.

In addition to the impacts on social housing, I'm worried that the municipally run long-term-care homes will also be negatively impacted by this proposed legislation. Our government does not want to drive up costs for municipalities and make it more expensive to operate municipally run community housing and long-term-care homes. The budgets for municipalities and long-term care are already tight due to COVID-19, and we're doing everything we can within our jurisdiction to help these needs. Our government is working to help alleviate the impacts of COVID-19 and not exacerbate their financial hardships. Municipalities, as you know, run 16% of Ontario's long-term-care homes, and the last thing our government wants to do is add more pressure on municipalities and the long-term-care homes that they run.

I have spoken about the importance, as the member from Burlington mentioned, of carefully studying this bill at committee. It's important to look at this legislation that is before us today and do a deep study so that we understand the financial impacts for our municipalities, so that there are no unintended consequences. That is why I hope the members of this House will support the proposed legislation so we can properly analyze it in committee.

The Speaker (Hon. Ted Arnott): Further debate?

Mr. Jamie West: I want to thank the member for Timmins for his private member's bill, Fairness for Residential Superintendents, Janitors and Caretakers Act. Basically, a person who is employed as a superintendent, a janitor or a caretaker of a residential building—the bill would have them entitled to the minimum wage, and they would not be disentitled if they, for example, were one of those workers or they got their rent as part of it. I think the member for Timmins said it best when he said that this bill is fairly straightforward and these workers should be treated like all other workers. It's tough to argue against that.

Part IX of the Employment Standards Act is what he's talking about. That's where they talk about minimum wage. Subsection 23(1) says, "An employer shall pay employees at least the minimum wage." Further down, in subsection 23(2), it says, "If an employer provides room or board to an employee, the prescribed amount with respect to room or board shall be deemed to have been paid by the employer to the employee as wages." So this is the loophole they're in.

The idea of the Employment Standards Act is that it should be a floor for everybody to be equal on, a floor which the conditions of employment don't fall below. Historically, employment standards are motivated by three core concerns:

—fairness for employers. Sometimes things just make sense, but there are some bad apples who wreck it for the good employers, so we have to put rules in place to make it fair for all of them;

—preventing social unrest. There's a power imbalance between employers and employees, so you need to have some fairness in there by having the government create a floor; and

—protecting socially disadvantaged groups. You think of the old days, when kids would work in mines, for example.

The idea is to have a sense of universality, the rules apply for as many people as possible. But there are certain exemptions, and the member for London West talked about these, more than 85 groups that have exemptions, and so, for a lot of people, the Employment Standards Act could be the collective agreement for non-unionized people. The idea is that it would be a collective agreement that would help all people and also minimize hardships on employers.

In this case, one of the exemptions has to do with overtime pay and rate of pay for these workers. As the member from Timmins said, these workers are making about five bucks an hour. That's 40 bucks a day; $200 a week. I mean, I made that when I was 14 years old, which was decades ago.

Mr. Wayne Gates: How many decades?

Mr. Jamie West: Two decades ago.

So these workers, as well, are not in this bill, but they're also not only exempt from minimum wage, they're exempt from the public holiday provisions and other standards. So are exemptions working in this case? The short answer is no.

The member for London West talked about this March 2016 report for the Ministry of Labour, and in it they said, "exemptions and special rules create strong potential for the evasion and erosion of employment standards"—and we see that a lot, especially with precarious workers. "The empirical research in this study demonstrates ... the substantial disadvantage of certain groups is magnified by such exemptions and special rules that lower the floor for these employees." Five bucks an hour is a way to lower that floor, Speaker. Therefore, we need to support this.

There's a Chris Rock joke about minimum wage. He talks about working minimum wage, and the punchline, basically, is if they could pay you less, they would. This is what the member from Timmins is trying to address.

The members opposite, when they speak and talk about bringing it to committee, what I hear—and I appreciate it—is they don't want to add a layer of cost. They're worried about increased labour costs. But let's be frank, what we're talking about is employees who are making five bucks an hour for the work they're doing. We can all agree that $5 an hour is way too low. We don't see eye to eye on minimum wage, but I know you'd agree that $5 is way too low for minimum wage.

Speaker, I do support the member's bill. Again, I'll repeat his quote: "These workers should be treated like all other workers." It absolutely makes sense that these workers are treated like everybody else.

The Speaker (Hon. Ted Arnott): Further debate?

Mr. Wayne Gates: I'm short, so I can understand why you didn't see me way over here. I can live with that.

It's a pleasure to rise today to speak to my colleague from Timmins's private member's bill, the Fairness for Residential Superintendents, Janitors and Caretakers Act. Bills like this are so important to how we function as legislators. While the changes may seem small on paper, it is the right thing to do and ensures that those keeping our apartments and our common areas in apartment and condo buildings clean receive what they deserve, and at least the minimum wage.

Frankly, and I want to be clear about this, I believe that no one in this province should be making below the minimum wage. And, further, the minimum wage is far too low. I also want to say that one of the comments by my colleagues in the Conservative Party said that they stand shoulder to shoulder with workers. It drives me nuts. They do not stand shoulder to shoulder with workers; they pretend they do. They voted against a $15 minimum wage, so how do you stand shoulder to shoulder? I know that doesn't have a lot to do with the bill, but it talks about why we have situations in this province where people are being paid $5 an hour.

They talk about how they stand shoulder to shoulder, but they don't pass my Bill 119, my deeming bill, as injured workers in the province of Ontario are living in poverty. That bill has been out there for a year and a half—nothing.

And one that I just found out about today that's driving me nuts: our health care workers, if they're injured on the job, taking care of us with COVID, caring for people who are dying—whether it's injured on the job or mental health, the stress from what's going on—do you realize that 2,000 of those front-line workers have been denied WSIB? So when you stand up and you say that you stand shoulder to shoulder, I don't believe that to be remotely accurate. I give you credit for trying to bluff that, that you care about workers, but I'm not sure I believe it.

I want to say that I thank my colleague for bringing this bill forward. He's right on the money. Some of these guys that work in these condos, particularly apartment buildings, they are working 24 hours a day. They're on call 24 hours a day. If one of the apartments has a plumbing issue, who do they go to? They go to that individual, wake him up out of bed, and he's got to go and try and fix it.

1830

Nobody in the province of Ontario should be working for less than the minimum wage, and the minimum wage should be a lot higher than it currently is today, so thank you very much.

The Acting Speaker (Mr. Percy Hatfield): Back to the member from Timmins for a wrap up.

Mr. Gilles Bisson: First of all, I want to thank all of the members who participated in debate. Clearly, as I said at the beginning, I think this is a pretty simple bill, and I think everybody understands it for what it is. It's about fairness for workers and making sure that they're able to get at least minimum wage when working as a superintendent, a caretaker or a janitor.

I appreciate that the government is going to be supporting this bill, which is good news, to allow it to go to second reading. I certainly hope that, once we get it into committee, there will actually be hearings and that we'll be able to do whatever needs to be done to the bill to strengthen it and then get that bill to come back to this House for third reading sometime in a reasonable amount of time.

This is a chance that we can stand up and do what's right. This is a chance where all of us on both sides of the House can say, "Enough is enough. Workers deserve better." If you work in an apartment building, you should be no different than a worker working in a retail store or working in any other workplace in Ontario when it comes to fairness and access to the minimum wage.

I really look forward to this bill actually getting time in committee. Again, I hope it does. We'll see what the government is going to be able to do as far as making sure we do get time in committee. But this is the right thing to do. This has been going on for far too long, and workers need this quite badly.

As I said earlier, these are some of the unsung heroes in our fight against COVID-19. They're the ones that are monitoring the buildings, making sure people are following the rules when it comes to visitation etc., and making sure that the buildings are kept clean. If these are heroes,

we should treat them that way and at least allow them to get a minimum wage.

The Acting Speaker (Mr. Percy Hatfield): The time provided for private members' public business has expired.

Mr. Bisson has moved second reading of Bill 210, An Act to amend the Employment Standards Act, 2000 with respect to the minimum wage for residential superintendents, janitors and caretakers. Is it the pleasure of the House that the motion carry? Carried.

Second reading agreed to.

The Acting Speaker (Mr. Percy Hatfield): Would you like a committee for that to go to?

Mr. Gilles Bisson: I most definitely do, Mr. Speaker, yes. I would like to refer this bill off to the Standing Committee on Estimates.

The Acting Speaker (Mr. Percy Hatfield): Is it the pleasure of the House that that's where the bill is sent? Agreed.

ORDERS OF THE DAY

REAPPOINTMENT OF CHIEF MEDICAL OFFICER OF HEALTH

RENOUVELLEMENT DE MANDAT DU MÉDECIN HYGIÉNISTE EN CHEF

Hon. Paul Calandra: I move that an humble address be presented to the Lieutenant Governor in Council as follows:

"We, Her Majesty's most dutiful and loyal subjects, the Legislative Assembly of the province of Ontario, now assembled, request the reappointment of Dr. David Williams as Chief Medical Officer of Health for the province of Ontario as provided in section 81(1.1) of the Health Protection and Promotion Act, to hold office under the terms and conditions of the said act, commencing February 16, 2021, until September 1, 2021.";

And that the address be engrossed and presented to the Lieutenant Governor in Council by the Speaker.

The Acting Speaker (Mr. Percy Hatfield): We'll return to the government House leader to lead off the debate.

Hon. Paul Calandra: I do appreciate the opportunity to speak on the motion. Obviously it's a very important motion that has been brought forward by the government today, and I do hope that all members of the Legislature will see the importance of this motion and will allow for a proper debate and an opportunity for us to move forward and continue on with Dr. David Williams as the Chief Medical Officer of Health for the province of Ontario right through to September.

As you know, the Chief Medical Officer of Health was originally appointed after an all-party panel, Mr. Speaker. I understand that the health critic for the NDP was a member of the panel that recommended Dr. Williams some five years ago. In that time, obviously, things have certainly changed. They have certainly changed over the last number of months, Mr. Speaker. As you know, the term of the Chief Medical Officer of Health was due to expire in February 2021. I think we are all grateful that he has agreed to continue his service to the province of Ontario in the midst of what continues to be a very, very challenging global health and, frankly, an economic pandemic.

Under Dr. David Williams, we have seen Ontario really be a global leader in terms of fighting the health side of this. When this started, Speaker, I think you will recall—I think all members of the Legislature will recall, certainly in March of this year, when we started considering how the Ontario Legislature, how the province of Ontario, would proceed in its fight against COVID-19. We were all confused. We were all trying to understand how this would affect the people of the province of Ontario, how it would impact our small businesses, how it would impact individual families.

I can say that in this chamber we are all very grateful that, by working together, we have been able to in the province of Ontario be a global leader in terms of flattening the curve in the first wave, and part of the reason that has been the case has been because of the advice of Dr. Williams and the entire health table, which has been advising the Premier and the government and, by extension, the members of this assembly.

When we first started out back in March, I know we were all somewhat confused, Mr. Speaker, in the sense that—how would this pandemic manifest itself? How would it impact our citizens? And we the government, with co-operation on both sides of the House, made the decision that we had to focus on the health and safety of the people of the province of Ontario. That was a decision that, really, all governments across Canada—whether it was the federal, all provincial governments and municipal governments across this country, we all made a concerted effort and the decision that we had to focus on the health and safety of our citizens. The best way we could do that was by working together.

Many of the things we faced we were facing for the first time. I was a political staffer here back when SARS hit. As much as we didn't understand SARS at the time, it was a very localized outbreak. Much of the ridings in certain areas of Toronto were really hard hit. The economic fallout of that was certainly a lot smaller than we've seen with COVID-19. But there were a lot of lessons that we learned from SARS.

Later on, of course, we faced H1N1, and again, that was something that—we learned a lot about how to deal with pandemics and the importance of health care measures in order to flatten the curve. But when you look at what we've had to face—and through it, with the assistance of, obviously, Dr. Williams; really, the leadership of Dr. Williams and his entire team—the initial phase of it: What would a lockdown look like? Why would it be important for us to lock down? Should would do it as a regional approach to fighting this? What would the lockdown mean to our communities? What would it mean to health care services in the province of Ontario?

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Because when you look down and when you start restricting access to other services, that means you do get some backlogs in surgeries and testing, and you had to have a way of balancing that. And when we're all faced with the same decisions, for the first time—we're hearing that debate over the last few days here in this chamber. But when we first had to make the considerations of how we would fight this virus, Dr. Williams and his team helped us in government understand why it was so important that we fight and make sure that health care was a driving force.

That's why, when you look at how Ontario did, in comparison to every other jurisdiction in this country and many other jurisdictions in the world—in Europe and in the United States—we have every reason to be proud of how the people of the province of Ontario reacted and of the advice that was given. Was it perfect and has it been perfect? Obviously, we are learning as we go along. Despite some of the challenges and what some people would suggest—that we could have done certain things better—we have always found a way to make sure that Ontario has been a leader. When you compare us, right now, in the second wave to other jurisdictions, whether it's Manitoba, Quebec, Alberta, Saskatchewan or British Columbia, again, the people of the province of Ontario and the guidance that has been given by the health tables have been second to none. It is one of the reasons why Ontario has one of the lowest rates of infections in the country. That's not just a credit to Dr. Williams and the advice which has helped us get there; it's also a credit to the people of this province, who have also understood that the way to get back to a strong, resilient economy is to make sure that the health and safety of our people is paramount.

We saw over the first wave, Speaker; you will recall that there was certainly a lot of co-operation on both sides of the aisle. A lot of people at that time understood why the government was moving so forcefully to ensure the health and safety of our citizens. One of the things that we were told and one of the lessons that we learned when compared to other jurisdictions around the world—in particular, Europe, which had faced the battle on COVID first—we learned that one of the things that you had to do was ensure that you had space in your health care facilities to provide care for people who get sick. I have many relatives in Italy. My parents, as you know, Mr. Speaker, came from Italy. I can tell you that they fought for months before we started feeling the impact of COVID-19. They were going through their battles. Italy was under a lockdown. Their health system was strained at overcapacity. The heroic efforts of their doctors, nurses and their health care professionals there—we all understood how important what they did was, but one of the key elements was that there wasn't enough space in their facilities. That's something that we learned very early on, that we had to ensure that all of our health care facilities had the space that they needed, should the COVID hit us the way it hit other jurisdictions. So we moved quickly to do that, under the advice and guidance of Dr. Williams and his team.

That space, the availability of the government to ensure that there was space in our health care facilities throughout the first wave, really was part of the difference that helped ensure that we were able to flatten the curve so effectively here. But it came, obviously, at a great cost. It certainly came at a great cost—not just an economic cost; that's obvious. I don't think any of us here in this chamber would suggest otherwise. We are all very aware of the economic cost, but it came at a cost of lives in Ontario, and we've seen that, certainly in our long-term-care homes, which we are addressing, Speaker.

But it also speaks to, I think, one of the reasons why the government was so aggressive, after taking office, in transforming the health care system in the province of Ontario. We knew that we had to make some serious changes in this province if we were going to build a modern health care system, and part of the changes that we brought in after we were elected was—and the Minister of Health and the parliamentary assistant to the Minister of Health really deserve all of the credit for this. As much as we in government and cabinet support those decisions, the work that that was done by the health team and by the minister and her entire team to transition Ontario from an older system of health care to a new one which was built around Ontario health teams is something I'm quite proud of.

I'll tell you why: Markham has had a health team for a number of years, and part of the example of the Ontario health teams was built on the huge success of the Markham health team. What is a health team? When we talk about the transition and seek the reappointment of Dr. Williams, I think it's also important to talk about health teams and why we were making this transition. The experience in Markham with the health team is that it is a one-stop for all of your needs, so if you were lucky enough to be part of the Markham health team, it didn't matter what you needed. If you—someone like me—needed advice on how to lose weight, you could go to the Markham health team. If you needed to see a doctor because you had a sore throat, you could do that. If you needed help with getting long-term care, you could access that through the Markham health team.

And that concept is something that that was being built out by the Minister of Health. Markham has a health team in place, and I know that they are in a number of regions. I think we're up to—maybe the parliamentary assistant can correct me if I am wrong—over 40 health teams across the province of Ontario—

Mrs. Robin Martin: It's about 80% coverage.

Hon. Paul Calandra: About 80% coverage by health teams.

Now, this blanket of care—I like to call it a blanket of care, Speaker, because that's what it is. One of the hardest things, and I've spoken about this before; I've spoken about my father-in-law. He's 90 years old and he broke his shoulder. I'm an elected official, and the challenge even for me to find him care when he was living in Ajax and coming to live with me, transitioning his file from home care from Ajax to come to live with us in Markham,

finding the care that would allow him to transition back into a home, finding the services at the hospital was very, very difficult. It was hours on the telephone, and there is no way—I look my abilities as somebody who has been in public service, who has been elected for many years, and I found it challenging.

The concept of the Ontario health team takes that away from people. You know fully that whether you need help for long-term care, whether you need help at the hospital, it's one call, one stop, and your care and needs will be met by your Ontario health team. I know physicians in my community are very excited about that.

But at the same time, we were also transitioning long-term care, because we had known—and I think governments have known for a long time, Speaker—that we had to make significant investments in long-term care in order to catch up. As disappointed as we all are that that wasn't done over the last number of years, we have been changing that and bringing our home care into this concept of Ontario health teams. Now, why do I mention that? Because in my community, again—if I can use my community as an example—the concept of an Ontario health team came into full focus during the first wave of COVID when a long-term-care facility in my riding and a congregate care home, Participation House, found themselves in a challenging circumstance because of COVID. Let's be honest, Mr. Speaker, these are places that aren't used to dealing with a global health pandemic, but when they were faced with that challenge, our local health team, led by Markham Stouffville Hospital, was able to assume responsibility and assist—whether it was Participation House or whether it was two long-term-care facilities that were needing assistance, they were able to step in. Part of that was because of the guidance that we received through Dr. Williams.

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I look at the success that we have had on education as well. I've talked about them often; I've got two kids, one in the public system and one in the Catholic system, and I think we would all agree that, from March to June, it was challenging. It was certainly a challenging time for educators and it was a challenging time for the government to try and find a way to get our students back in the classroom and get them the quality of education that they needed, but we were able to very, very quickly pivot in the first wave.

We heard very clearly throughout the summer that it was very, very important that our students find their way back into the classroom for their mental health, whether it was for mental health or whether it was for just the challenges of getting the best quality of education. In order for us to do that, in order for us to have our kids come back to school safely, it required a lot of work over the summer, and Dr. Williams and his team were instrumental in helping guide us to a point where we could provide advice and guidance to school boards across the province, all in different situations.

It would be very easy to—I say this not to be glib about it, but my relatives in Italy, for instance: You can come up with a plan in Italy that is quite uniform and can be from one end to the other country, and it's easy to do. That's very difficult in the province of Ontario, which is, I don't know what, 30, 40 times the size of Italy, which has a massive amount of urban and huge stretches of rural areas. In order for us to develop a safe system for our kids to go back to school, it took a tremendous amount of work, and the results of that work are evident; they're very, very clear. We have one of the safest returns to school, again, anywhere—anywhere. I think it's something that we should be proud of, and this is in part due to the work of Dr. Williams and his team.

It would be easy, and I don't think any of us in this chamber would begrudge the Chief Medical Officer of Health if he was to allow his term to expire in February as it was scheduled to expire and for him to move on and, really, for us to be here saying, "Thank you very much for your service. Job well done." That would have been the easier thing for him to do, but he has agreed to continue on in the midst of a pandemic, in the midst of a pandemic that we are leading; we are leaders in this country.

It's not just the advice that he provides to us, though. It's not just that advice. The work that he does in co-operation with other chief medical officers of health across the province of Ontario and across the country has also helped so many other jurisdictions as they fight this pandemic.

Look, I can't thank him enough, and I think it's obvious that people have to remember he is the Chief Medical Officer of Health. It is his job and his singular focus to provide the advice to keep the people of the province of Ontario healthy and safe. It is not his job to provide economic advice to the government. His singular focus is and has always been, "How do we keep the people of this province safe and secure?" And the results of his work, whether it was through the first wave, and now as we are into a second wave, I think speak for themselves.

This is not, and I know all members understand this; we've all talked about ourselves, maybe selfishly, of how hard this job is in the midst of a pandemic. We've all talked about that. Well, think of our Chief Medical Officer of Health and the weight of the decisions that he has, balancing what all of the members of this House want—the legitimate concerns of all of the members of this House. I know all of the members of this House are fighting for their communities, whether it's the health and safety—but they're also fighting for their small businesses. We've heard that, Speaker. The Chief Medical Officer of Health has a number of other local medical officers of health who want certain things, and different things. It is his job to find a way through all of that and ultimately do what he can to ensure and to provide advice to us, to this Legislature, to the government, that keeps our people safe.

Now, we might not always agree, but we certainly cannot disagree with the facts, and the facts are that Ontario has been well served by Dr. Williams; not only during the pandemic. I can only assume that the qualities that the panel saw in him five years ago are being shown

to be the very reasons why he has been such an effective leader through the pandemic.

I can only assume that this will be a short debate tonight, Mr. Speaker, because I would hope that all members would see what I have seen in him and are as grateful as I am for his service, and grateful, really, that he has decided to continue on providing that service to the people of the province of Ontario. I know that there will be a lot of advice and other discussions that I look forward to hearing tonight, and with that, I will yield the floor.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

M^me^ France Gélinas: It is my pleasure to have an opportunity to put a few words on the record regarding public health and the Chief Medical Officer of Health of Ontario. It is not very often that we get to talk about public health in this House, so it makes it extra special for me.

Ontario has one Chief Medical Officer of Health. It also has 34—it used to be 36; we now have 34—public health units. They cover the entire province through 34 different geographical areas. Before the pandemic, the government had put in place a directive that would have changed this from 34 public health units to cover the entire province, down to 10. They also had a plan to take at least $100 million out of our public health budget, as well as downloading onto the municipalities a bigger part of our public health dollars, in the sense that, right now, some programs are paid 100% by the provincial government—some of the programs that public health delivers.

When you think about public health, think about things such as that when you go to a restaurant you know that the food that you're going to eat is safe because public health inspects restaurants; when you turn on the tap and get a glass of water, you know that this water is safe to drink because we have public health inspectors; when you send your kids to daycare, you know that this daycare is safe because we have public health inspectors. But there are a number of other programs that public health does.

Some of it is paid at 100% by the government. Some of it is shared: 75% is paid by the provincial government and another 25% is paid by the municipality. The government wanted to change this so that the municipal government would have to pay more, 30% of the cost, for all of the programs. So not only were they going to shrink from 34 to 10 public health units, for the region that I represent—I represent the riding of Nickel Belt in the northeast. We have an excellent public health—Dr. Penny Sutcliffe, who is in charge of Sudbury and Manitoulin public health, in charge of all of my riding. It's already a huge area, even bigger than my riding. It takes my riding, the riding of Sudbury, the riding of Algoma–Manitoulin, and a little wee part of the riding of Timiskaming–Cochrane. They already have a huge geographical area. They would have been, if we only had 10 and covered the northeast, a geographical area the size of France.

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So this is what was in line from this government for our public health.

Then came COVID-19. All of a sudden everybody realized that when public health does a very good job at everything that they do, nothing happens—you don't get sick when you go to the restaurant, you don't get sick when you drink the water. And then COVID-19 hit, the pandemic came. Then, you realize that our Chief Medical Officer of Health as well as our public health units are responsible for emergency public health and a host of other responsibilities. Then, things started to change.

I want to give a little bit of an overview of the role of our Chief Medical Officer of Health in Ontario. You will see, Speaker, that our Chief Medical Officer of Health is pretty unique in the way we have it set up. Ontario's Chief Medical Officer of Health is unique among counterparts in Canada because he or she is accountable to both the Minister of Health and the Legislative Assembly, specifically under the Health Protection and Promotion Act, better known as HPPA. Cabinet, by order in council, appoints the Chief Medical Officer of Health following a vote in the Legislature. The Chief Medical Officer of Health holds office for a term of five years, with the ability to be reappointed, and can only be removed by cabinet on address of the Legislative Assembly. Generally, candidates are selected through an all-party legislative committee, although this is not a statutory requirement. The government House leader already mentioned that I was part of the committee that selected Dr. Williams, who is our current Chief Medical Officer of Health. But I must also say that this is not a requirement in the law that exists in Ontario.

The Chief Medical Officer of Health is also a public servant, who has an appointment within the Ministry of Health and reports directly to the Deputy Minister of Health. This means that the Chief Medical Officer of Health of Ontario is not an independent officer of the Legislature, even though the process for their appointment is similar. But this is a big difference: In every other federal, provincial or territorial jurisdiction, the Chief Medical Officer of Health—or the equivalent, because sometimes they have a slightly different title; you get the idea—is appointed by either the Minister of Health or cabinet.

Additionally, Ontario's Chief Medical Officer of Health is required to issue an annual report to the Legislature. The report is given in advance to, but does not require approval of, the Minister of Health. In other jurisdictions, annual reports are usually required, but are submitted directly to the Legislature.

When we talk about communicating independently with the public—Ontario's Chief Medical Officer of Health also has the statutory authority to report independently to the public respecting any public health issue, as needed. Ontario's previous Chief Medical Officer of Health, Dr. Arlene King, who served from 2009 to 2014, issued several of those reports. Other than Ontario, only British Columbia and the federal government provide chief medical officers of health with explicit authority to communicate directly with the public on any issue that they deem appropriate, independent from the minister.

Some of the other roles of our Chief Medical Officer of Health: In addition to communicating with the public, the Chief Medical Officers of Health generally have responsibility in advising the government, delivering public health programs and managing public health emergencies. While the Ontario Chief Medical Officer of Health has the authority to advise the government on risks to health, legislation in British Columbia, Alberta, Manitoba, Quebec and at the federal level explicitly authorizes their Chief Medical Officers of Health to provide advice on any public health matter more generally. Additionally, in British Columbia, public health legislation states that the Chief Medical Officer of Health must advise the government "in an independent manner."

Chief Medical Officers of Health across Canada generally have the ability to exercise independent statutory power when there is a risk to health or a public health emergency. In Ontario, when there is a risk to health, such as during the pandemic, the Chief Medical Officer of Health can "investigate the situation"—do you see the difference, Speaker?—"and take such action as he or she considers appropriate to prevent, eliminate or decrease the risk." This includes exercising any of the powers of the board of health or medical officer of health. In most provincial public health statutes, Chief Medical Officers of Health are provided with similar authority during public health emergencies; that is, the ability to issue orders and directives.

Outside of a public health emergency, legislation in Quebec, Alberta and Nova Scotia explicitly provides Chief Medical Officers of Health with the power to manage public health programs or direct or monitor local medical officers of health. In Ontario, the Chief Medical Officer of Health provides leadership advice for public health practice and monitors programs delivered by Ontario local public health units in practice. Ontario's Chief Medical Officer of Health also advises the minister on various matters of public health management, such as the appointment of local medical officers and the development of the Ontario Public Health Standards.

I wanted to put this into the record. I realize that it is very theoretical. Those are the laws that apply to our Chief Medical Officer of Health. This is a position that holds tremendous power, yet we are the only one where our Chief Medical Officer of Health reports to both: He reports to the Legislative Assembly and he reports to the minister. They are an employee of the Ministry of Health. This has caused a number of issues, which is why I introduced Bill 227, An Act to amend the Health Protection and Promotion Act with respect to the positions of Chief Medical Officer of Health and Associate Chief Medical Officer of Health and related matters. The reason I introduced this bill, first and foremost, is to make the Chief Medical Officer of Health of Ontario an independent officer of the Legislative Assembly, very much like if you think of the Auditor General. The Auditor General is an independent officer of the Legislative Assembly. When she puts out a report, she goes directly from doing her work to putting it out to the entire public. She does not have to get the blessing of any ministry. It doesn't matter if her report has to do with finance or health care or social services or education; it makes no difference. She is an independent officer of the Legislative Assembly, which means she does her work, she reports back to all of us, all 126—

The Acting Speaker (Mr. Percy Hatfield): All 124.

M^me^ France Gélinas: —all 124, sorry; thank you, Speaker—all 124 MPPs at the same time, and all 14 million Ontarians at the same time. This is what the bill would do.

The bill would also provide for the appointment of a select committee of the Legislative Assembly in the event that a public health or pandemic-related emergency is declared under the Emergency Management and Civil Protection Act. The purpose of this committee is to allow elected officials to inquire about the public health emergency with the Chief Medical Officer of Health without interference from the governing party.

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So in this situation where we have an emergency declared under the Emergency Management and Civil Protection Act, we would have a committee of parliamentarians. The committee would be made up of representatives from the governing Conservative Party, the NDP, and there would also be a seat at the table for independents or other parties if Ontario was to have more. The bill also goes on to say that the Chief Medical Officer of Health will be selected by a committee of parliamentarians and can be removed by a committee of parliamentarians.

I named the bill in honour of Dr. Sheela Basrur. Dr. Basrur was the medical officer of health for Toronto during SARS and became Ontario's Chief Medical Officer of Health. She showed us, she showed me, the importance of public health officials communicating directly to the public during a public health crisis. During a public health emergency, public trust in their public health officials is crucial to ensure that the public follows public health directives.

Let's be very frank and honest here, Speaker. During a public health emergency such as a pandemic, public health is asking us to do things we don't want to do. They're asking us to wear a mask; no offence, I don't like it, but I'm still doing it. They're asking us to limit to 10 people. I have three kids, six grandkids. With their spouses, there's 14 of us, but we can only be 10. I don't like that, but I still do it. They're asking us to keep two metres apart from people.

They're asking each and every one of us to do things we don't want to do, but that we know that we have to do. So taking the human element into account, whenever someone asks you to do something you don't want to do, what do we do as human beings? We look for somebody who will tell us something we want to hear. They tell us, "You can only be 10 people inside." Oh, well, but the Premier—you tell us there can only be four or five, but the Premier has him and his wife and his four daughters; that's six.

They tell us things, but then you look around and you try to find somebody who will tell you, "You don't have

to do those things that you don't want to do." This is where the trust comes in. During a pandemic, during any kind of a public health emergency, you have to have the trust factor. You have to be able to listen to physicians, public health specialists, and say, "I will comply. I will do those things that I don't want to do because I trust that this is the best way out of this pandemic that we are in."

Unfortunately, once this message gets filtered through a politician—and I am a politician, just like the 123 of us that come to this—there are always people who don't trust politicians. It doesn't matter how good we are and how—it doesn't matter. There are people who will not trust Premier Ford, no matter what he says. There are people who will not trust MPP Gélinas, no matter what she says. It is just part of the job of being an elected official, of being a politician.

So in a time of pandemic, to ask people to do things they don't want to do, it is very important to show this independence, to show that the Chief Medical Officer of Health, the person in charge with a huge responsibility of telling us to do things we don't want to do—we have to trust that person. This is how you make sure that 14 million people do the right thing, and this is how you make sure you get on the other side of this pandemic as fast as possible. This is what the bill will do. This is something that we don't have in Ontario right now. During a public health emergency, the public trust in their public health officials is crucial to ensure the public follow public health directives.

On October 4, a Toronto Star article said, "More than almost anything else, what's needed to defeat COVID-19 is public trust. Trust that we will ... pull together to do the right thing. And trust in the public officials who are calling on us to make sacrifices. In the first wave of the pandemic, Canadians mostly heard a clear and consistent message from the top. Public health officials were on the same page, and it helped mightily to rally support for collective action against the virus. But now that we're well into the second wave, the message is fragmented and confusing. Just as bad, the medical experts charged with guiding us through crisis aren't nearly so united. They are sounding different notes, with a discordant result. Predictably, public trust is eroding—and at just the wrong time."

Ontario's public health communication has been perceived over time as being overshadowed by political voices. I'll quote another article, this time first published in the Ottawa Citizen on October 19 that reads: "Ontarians have been hearing from too many public officials on COVID-19. A recent briefing saw the Premier, the health minister, Chief Medical Officer of Health, and Chief Coroner all trying to explain new guidelines. In major cities such as Toronto and Ottawa, mayors have also emerged as prominent voices. Places with the finest COVID-19 responses, however"—and they give the example of New Zealand—"have elevated a small number of communicators (usually one health official...)"—that's not what we're seeing in Ontario right now.

On October 15, we had an article from the Kenora Daily Miner and News that read, "Ontario's Chief Medical Officer of Health ... has been criticized over the past few months for ... being too close to the government." Nothing good comes of that.

Research by Farfard in 2020 made some key conclusions about Chief Medical Officers of Health across Canada during COVID-19. It says that all Chief Medical Officers of Health "received praise for their handling of the crisis but also received scrutiny related to the 'consistency of their messaging across jurisdictions and over time.'

"Statements by the" Chief Medical Officers of Health "in Canada 'informed the public of the provincial government's pandemic response rather than questioning or criticizing it.' The authors argue this is due to the fact that" Chief Medical Officers of Health "are not arm's length from government, and are appointed as public servants.

"Emergencies like COVID-19 appear to have made it difficult for" Chief Medical Officers of Health "to be independent communicators, due to their need to be a 'team player' with a unified government response," and it goes on and on.

I wanted to read a few of those articles into the record because we all need to trust our public health experts in order for all of us to do things we don't want to do, and as soon as they are perceived as their message is coming through politicians, that trust becomes eroded.

In my private member's bill, I wanted to talk a bit about SARS. So 17 years ago, the SARS epidemic killed 44 people in Ontario. There were three reports that followed the SARS epidemic: two interim reports and one final report. The first interim report put forward 21 principles for reform of all public health systems. Two of them were directly related to the independence of the Chief Medical Officer of Health. Principle report number 12 states, "The Chief Medical Officer of Health, while accountable to the Minister of Health, requires the independent duty and authority to communicate directly with the public and the Legislative Assembly whenever he or she deems necessary.

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"(13) The operational powers of the Minister of Health under the Health Protection and Promotion Act should be removed and assigned to the Chief Medical Officer of Health."

Principle number 14: "The Chief Medical Officer of Health should have operational independence from government in respect of public health decisions during an infectious disease outbreak. Such independence should be supported by a transparent system requiring that any ministerial recommendations be in writing and publicly available."

All of those recommendations from the SARS report point to the same thing: If you want people to comply, to do things they don't want to do because it is the right thing to do for public health, your public health officer, your Chief Medical Officer of Health, has to be independent and has to be viewed as independent also. This is not happening in Ontario. Our Chief Medical Officer of

Health is an assistant deputy minister, who reports to the deputy minister, who reports to the Minister of Health.

The principles were put forward because throughout the SARS epidemic and its aftermath, there were concerns about the independence of the Chief Medical Officer of Health. At the time, it was Dr. Colin D'Cunha. The commission highlighted those concerns. The Chief Medical Officer of Health "did not appear to those who worked in the crisis to have any degree of independence or autonomy from the minister's office, either functionally or by personal inclination. Many thought that he preferred to deal with the minister and his office rather than dealing with those colleagues brought in to co-manage the crisis. This in turn led to a perception by some that his approach to the handling of the crisis was politically oriented and not grounded independently in public health principles." That is from the first interim report, on page 64.

Although in its final report the commission found no evidence of political tampering with the SARS public health response, it didn't matter. The perception was there, and the perception was enough that the Chief Medical Officer of Health was "too much a political animal and too little an independent public health professional." That was also in the first interim report.

The commission noted, "There is a growing consensus that a modern public health system needs an element of independence from politics in relation to infectious disease surveillance, safe food and safe water, and in the management of infectious outbreaks." This is also a recommendation from the SARS report.

SARS was a public health emergency. It killed 44 people in Ontario, and we learned from this. We learned that in order to get people to follow public health advice, the Chief Medical Officer of Health must be an independent voice, cannot be seen to be cohorted by politicians no matter how good those politicians are.

It goes on to say that one local medical officer of health, while being interviewed by the commission, suggested, "The Chief Medical Officer of Health should not report to any specific minister but perhaps to a neutral non-political ... party to take information to cabinet. It would be preferable if there was continuity rather than intermittent political people in the reporting structure."

Some of you will remember Dr. Richard Schabas, a former Chief Medical Officer of Health. He said the following in the aftermath of SARS: "I've avoided discussing the impact of politics on this outbreak but I think that to ensure that there's public credibility, that the public understand that the public health officials are acting only in the interests of public health and are not influenced by political considerations, that this has—or that we have to put greater political distance between our senior public health officials and the politicians." I fully agree, Speaker. This is too important of a position for us to not take those recommendations that came to us.

The commission also noted: "They must turn to trusted medical leadership. The most important thing in a public health emergency is public confidence that medical decisions are made by a trusted independent medical leader such as the Chief Medical Officer of Health free from any bureaucratic or political pressures. This is particularly true of public communication of health risk. People trust their health to doctors, not to politicians or government managers. It is essential that the public get from the Chief Medical Officer of Health the facts about infectious risks to the public health and the need for precautions and advice on how they can avoid infection. It is essential when public precautions are relaxed, like the removal of protective N95 respirators in hospitals, the reopening of hospitals, or the declaration that it is business as usual in the health system, that these decisions are made and are seen to be made by and on the advice of the independent Chief Medical Officer of Health free from any bureaucratic or political pressures. It is essential in a public health emergency, or the public health aspects of an emergency ... that the Chief Medical Officer of Health be the public face of public communication from the government." That comes from the second SARS report, on page 13.

The final report from SARS expanded on these concerns: "The problem was not so much the role of any particular person but that the dividing line between what is political and what is public health was not made as clear during SARS as it should have been." I would argue that we are in the same situation right now. "It would be wrong to treat any public health crisis as just one more 'hot potato file' to be carried and managed politically by those in the minister's office in the same way as physicians' fees or hospital funding. Public health crises, for all the reasons given above and in the commission's interim reports, require the utmost public confidence that no political consideration can or will interfere with medical public health considerations by the Chief Medical Officer of Health." None of this is happening in Ontario right now.

After SARS, the government made some changes to the Health Protection and Promotion Act to increase the independence and authority of the Chief Medical Officer of Health, but they never went as far as making sure that our Chief Medical Officer of Health is an independent officer of this Legislature.

I will quote from October 14, 2004. The health minister at the time was Minister Smitherman. He rose in the Legislature to introduce Bill 124, An Act to amend the Health Protection and Promotion Act, and he made the following comments: "When there is a health crisis and politicians speak, some people listen. But when there is a health crisis and the Chief Medical Officer of Health speaks, everybody listens. It is at those times, times when diseases like SARS or West Nile are a real threat, that the Chief Medical Officer of Health must be there for" all 12 million patients, all of us in Ontario.

I would like to continue, but I'm going to make a little stop here to say that we have this motion to reappoint our Chief Medical Officer of Health. We also have bills on the docket to make the Chief Medical Officer of Health an independent officer of the Legislature. I think it is important for all of us to make sure that we are making the best decision possible. It is the responsible thing to do for

all of us as legislators to really think about what we're doing before we vote on this motion.

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That's why I would like to put a motion on the record. I'm not exactly sure how I do this, but I would like to delete everything after "that" and replace with the following in the motion that was presented.

Do I just go ahead and do that? I do? Okay. Would you guys like copies of this? I made copies—I didn't; somebody gave me copies. Thank you.

The motion reads:

"That an all-party committee of the Legislature be appointed to review the proposed reappointment of Dr. David Williams as Chief Medical Officer of Health for the province of Ontario; and

"That the committee shall have a membership of up to eight members, comprised as follows:

"—four members of the government party

"—two members of the official opposition

"—two independent members; and

"That the committee be chaired by the Speaker who is a non-voting member; and

"That the deadline for indicating committee membership with the Clerk of the House shall be Friday, December 4, 2020; and

"That the committee shall meet at the call of the Chair; and

"That the committee shall present, or if the House is not meeting, release by depositing with the Clerk of the Assembly its final report by December 16, 2020."

Interjection.

M^me^ France Gélinas: If I give it to them—sorry.

The Acting Speaker (Mr. Percy Hatfield): Thank you. Ms. Gélinas has moved that we delete everything after the first "that" and replace with the following:

"An all-party committee of the Legislature be appointed to review the proposed reappointment of Dr. David Williams as Chief Medical Officer of Health for the province of Ontario; and

"That the committee shall have a membership of up to eight members, comprised as follows:

"—four members of the government party

"—two members of the official opposition

"—two independent members; and

"That the committee be chaired by the Speaker who is a non-voting member; and

"That the deadline for indicating committee membership with the Clerk of the House shall be Friday, December 4, 2020; and

"That the committee shall meet at the call of the Chair; and

"That the committee shall present, or if the House is not meeting, release by depositing with the Clerk of the Assembly its final report by December 16, 2020."

Further debate? I return to the member from Nickel Belt.

M^me^ France Gélinas: Thank you, Speaker. We take this responsibility very seriously. We're in the middle of a pandemic. The people of Ontario need to be able to hear from somebody they trust. They need to be able to listen to the advice that comes, often asking us to do things we don't want to do, and feel that this advice is coming from the best public health advice possible and not from politicians like me, like Mr. Ford or like anybody else. This is an important decision that we all have to make.

I would like to draw the attention of the House to some of the practices in other jurisdictions. If you look at New Zealand, they have a director of public health; the director-general is the public face providing daily press conferences, sometimes with the Prime Minister.

In Australia, there is a national chief medical officer of health and each state and territory has a chief medical officer also. They are the ones who hold regular press conferences on the pandemic in their country, as well as in their states or territory.

In the United Kingdom, they have four CMOs, chief medical officers, for England, Northern Ireland, Scotland and Wales. However, England's chief medical officer is chief medical officer for the UK government. They are all actively engaged with the public and the media so that people in those countries get to hear directly from their Chief Medical Officer of Health as to the best public health advice.

If we look at Asia, except in Japan, the Chief Medical Officer of Health's role across Asian countries appears to be the responsibility of the heads of arm's-length agencies responsible for public health and disease control, rather than an appointment directly within a government department or ministry.

In other jurisdictions, they have made changes similar to what my private member's bill is talking about: to make sure that the Chief Medical Officer of Health is free to give the best possible public health advice. Don't get me wrong, Speaker: There is a role for the government to play during a pandemic, absolutely. When the Chief Medical Officer of Health makes recommendations towards the closing of businesses, this is where the government comes in and makes sure that the economic impact on small business of being closed for public health directives are supported by the government, and supported in a real way. Those businesses have done nothing wrong. Those businesses have been ordered shut so that all of us can stay healthy and make our way out of this pandemic. This is where the voice of politicians, the voice of the government, becomes important. This is when the government comes up with economic measures to help those small businesses so that they don't all close.

I can tell you that in my riding—I live on the west side of Sudbury, in a beautiful community called Whitefish, but I tend to shop in Lively. The entire strip mall where my hairdresser was is all closed. None of them were able to pay their rent during the first shutdown. Their landlord did not apply for the rent subsidy from the federal government, and they are closed. There were three hairdressers where my hairdresser was. That explains what this looks like. There were three hairdressers. There was a massage therapist. There was somebody who did nails. All of these women are now without a job. The salon is closed because

they could not make rent. But if you look, all of the small businesses—the only one that stayed open was a lumber store; they are still in business. And at the other end of the strip mall, there is a dentist. He was able to make it through. All of the other small businesses are shut. Nickel Belt is no different than anywhere else.

The role of the government is not to pretend that they are public health experts. We have public health experts. We have a Chief Medical Officer of Health. We have 34 medical officers of health in each of the 34 public health units that cover the entire province. What we need is a government that steps up and helps workers and helps families and helps communities and helps small business make it through the pandemic by providing incentives, by helping with the economic challenges that those public health measures brought in. But right now, in Ontario, our Chief Medical Officer of Health is not an independent officer of the Legislature. He has a double appointment, and he's also an employee of the Ministry of Health.

So if I keep on, in 2010 a study noted that "there is no universally agreed role" for Chief Medical Officers of Health in the European Union. Across Europe, Chief Medical Officers of Health can be classified in a number of ways:

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—the Chief Medical Officer of Health is the principal medical adviser across government, with broad responsibilities for public health, such as in the UK;

—the Chief Medical Officer of Health is the principal medical adviser for the health ministry only, and that's in Ireland, France, Finland, Belgium, Latvia, Luxembourg and Portugal;

—the Chief Medical Officer of Health is the head of the public health department within the national ministry in Austria, Italy and Malta;

—the Chief Medical Officer of Health is the head of the public health department within the national ministry and oversees a federal public health agency, and that's in Germany;

—the Chief Medical Officer of Health is the head of the national public health agency that is separate from the health ministry in Sweden and Denmark; and

—the Chief Medical Officer of Health is the chief public health inspector responsible for a national network of public health departments in Poland and Bulgaria.

If you look more closely at Canada, in 2018 an article in the Canadian Journal of Public Health categorized medical officers of health in Canada in three ways. There is the "everybody's expert" model that is used in British Columbia, Manitoba, Ontario and Canada, where the Chief Medical Officer of Health's role "is to advise the government as a public servant, but has independent authority to communicate directly with the public or the Legislature. However, these" Chief Medical Officers of Health "do not have significant managerial responsibilities."

Then there is the "loyal executive" model, the model that exists in Quebec, Nova Scotia and Alberta, where the Chief Medical Officer of Health "is akin to a typical public servant who advises and supports the government in carrying out its agenda and lacks authority to communicate independently."

Then there is the "technical adviser" model—that is PEI, Saskatchewan, Newfoundland and Labrador and New Brunswick—where the Chief Medical Officer of Health "does not have a clear role as a senior adviser to the Minister of Health, and lacks the legislative authority to communicate with the public."

A 2012 editorial by Mr. Hancock makes a strong argument for independent, arm's-length Chief Medical Officers of Health across Canada. It goes on to say, "In most provinces, and also in our health authorities, the medical officer of health is not the CEO or the director of public health; that job falls to an assistant deputy minister or some other equivalent staff person. So in my opinion, the provincial health officer should be an independent officer of the Legislature, equivalent to the Auditor General—and that protection needs to be extended to all medical officers of health in some form. That would give them the necessary independence and authority to speak out, report and investigate in the interests of the health of the public, unhampered by political or commercial interference."

I went on to look at some of what has been going on. So in Australia, Australia's chief medical—they're called CMP over there, but it's the equivalent of the Chief Medical Officer of Health—says, "understands why people have had their doubts. Communication and consistency are key ... in building trust."

It goes on to say, "The issue of trust is really important. That's why we need to have a group of people who can actually assess all the information, distil the correct information from the misinformation and have an agreed source of information that people can trust." That is from the director of Sydney University's institute for infectious diseases and biosecurity and service director of infectious diseases at Westmead Hospital.

It goes on to say, "I've got great respect for Patrick Vallance (Chief Scientific Advisor) and Chris Whitty (Chief Medical Officer) but they are being put in an impossibly conflicted position. They are not independent scientists gathering and analysing data. They are government-employed scientists whose job it is to interpret and interrogate the available data and relative risks for the politicians"—not for the best for the people.

Going on to the Canadian Medical Association Journal, they undertook a qualitative analysis of communications by Canada's provincial chief medical officers. All chief medical officers received praise for their handling of the crisis, but they also received scrutiny related to the consistency of their messaging across jurisdictions and over time. Statements by chief medical officers in Canada informed the public of the provincial governments' pandemic response rather than questioning or criticizing it. The authors argue that this is due to the fact that the chief medical officers are not arm's length from the government; they are appointed as public servants.

Emergencies like COVID-19 appear to have made it difficult for Chief Medical Officers of Health to be

independent communicators due to their need to be team players within a unified government response. According to the authors, this has created a trade-off. While this may create concern that they are acting as a government spokesperson rather than an independent expert, it also may be necessary to ensure a smooth government response in light of an emergency.

I go up to November 13, 2020: An editorial in Maclean's magazine criticized Canada's Chief Medical Officers of Health for their unwillingness to exercise their independent statutory power to impose necessary public health measures even if this would defy government wishes. The author singled out Alberta's Chief Medical Officer of Health as among the poorest performers of all Chief Medical Officers of Health, who, because they are not independent from the government—they know what the best public health expert is, but they are not allowed to speak up because they are an employee of the government and must be a team player.

The Carnegie Endowment for International Peace concluded the following about Canada's Chief Public Health Officer—this time we are talking about Theresa Tam in her role—Tam's co-operation with government has become grounds for criticism by some groups that she has fallen most victim to the politicization of her message compared to Dr. Fauci in the United States and the Chief Medical Officer in the UK. However, the study concluded that overall, Canadians continue to trust public health professionals more than politicians.

I think everybody would agree with this. If you look at Dr. Fauci in the United States, he is an independent officer. He speaks truth to power even when power does not want to hear what he has to say. It is very difficult for a public health official who is an employee to do this. It doesn't matter how good they are or how knowledgeable they are, we are all human beings, and when you report to a team, you have to become a team player.

Research after research has shown us the importance of being independent, and for a chief medical officer to be independent and to be perceived as independent—because this is the issue of trust that I was talking to you about, Speaker, that in order for all of us to be motivated to do things that we don't want to do, to follow the public health measures that will keep us safe, there needs to be trust between us and the people in front of us. That trust is always eroded when people think that a medical adviser is a spokesperson for the government in power, because people, Canadians, trust medical experts way more than they will trust any politician, including me, you and everybody else in here. So the motions that I have put forward would not delay this important process.

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We agree with the comments that were made by the government House leader that this is an important motion that has been put forward. This is something that could have an impact on the health of 14 million Ontarians.

As politicians, we all have a responsibility to make sound decisions. We make sound decisions when we take time to look at the body of evidence that supports whatever motion it is that we have to decide on.

How can we make sure that we put public health advice in the best possible way? How could we improve upon what we have now? Those are all discussions that could take place if the government agrees to put in place this committee. As I said, eight people—we start right away. By next Friday, by December 4, the committee starts, and by December 16, 12 days later, we are done. We're not asking for a huge delay. The Chief Medical Officer of Health shared his interest in taking his retirement at the end of March. All of those discussions could take place way before any decision needs to be taken regarding the Chief Medical Officer of Health. It is an opportunity for us to work in a collaborative way.

The government often talks about how they want to collaborate with us and that during a time of pandemic it is important to work together. None of us have had leadership roles during a pandemic before; it's new for all of us. Let's put our heads together. We have this decision that needs to be made. Let's listen on all sides of the House to see how we can make the best decision possible in the middle of a pandemic, to make sure that the hard road ahead—because don't get me wrong, there will still be some difficult weeks and months ahead with this virus and this pandemic. How do we make sure that Ontario is in the best position possible to get through this, to get to the other side with as few people as possible getting infected and getting sick, keeping as many of our schools and as many of our long-term-care facilities as possible safe; to make sure that our hospitals continue to have enough beds available to care for us, whether we are sick because of the pandemic or because of anything else—because life continues, and people will continue to be diagnosed with cancer and heart disease and all sorts of other trauma that will require hospital care.

We want to make sure that we have a collaborative approach. We have a chance to look at what we can do to make the road ahead as secure as possible, taking into account what we know now. We know a whole lot more now about this virus, about the pandemic, than we did in February and March, when the virus first made its way to Canada and to Ontario.

Ça me fait toujours plaisir d'avoir l'opportunité de dire quelques mots face à la santé publique. Le système de santé publique est une partie importante de notre système de santé dont on ne parle pas souvent.

Ce soir, le chef—

M. Gilles Bisson: Parlementaire.

M^me^ France Gélinas: —le chef parlementaire—merci, Gilles—du gouvernement a partagé avec nous une motion face au médecin hygiéniste en chef de l'Ontario. Cette motion qui est débattue ce soir nous donne une opportunité de regarder ce qui se passe dans les autres juridictions: comment on fait pour s'assurer que les décisions importantes qui sont prises par le médecin en chef de l'Ontario, ainsi que les 34 médecins hygiénistes des 34 services de santé publique de l'Ontario, sont bien communiquées.

Les mesures qu'ils nous demandent de prendre, qui sont souvent des mesures pas très populaires—souvent la santé publique va nous demander de faire des choses que l'on ne veut pas faire. Étant donné qu'on est tous des êtres humains, quand on nous demande de faire des choses qu'on ne veut pas faire, bien, on regarde ailleurs pour voir s'il y a quelqu'un qui va nous dire quelque chose que l'on veut entendre, plutôt que des choses que l'on ne veut pas entendre.

Cela étant dit, j'ai partagé ce soir beaucoup, beaucoup de données probantes qui soutiennent le fait que la meilleure façon de s'assurer que les gens suivent les conseils de la santé publique c'est que les gens perçoivent le médecin hygiéniste en chef comme étant indépendant du gouvernement, nous donnant les meilleurs conseils face à la santé publique, et de donner au gouvernement la responsabilité d'aider les gens, les travailleurs, les commerces, les petites entreprises qui—souvent, on va leur demander de fermer leurs portes. Fermer leurs portes, à une petite entreprise, ça veut dire que tu perds ton gagne-pain.

Le gouvernement a un rôle à jouer face à aider les gens, les commerçants, les petites entreprises, les travailleurs à passer au travers de la pandémie. Mais laissons aux médecins hygiénistes en chef et aux 34 médecins hygiénistes des services de santé publique la responsabilité de nous informer des meilleures mesures de santé publique pour qu'on passe au travers de cette pandémie-là et que la COVID-19 soit histoire du passé. J'aimerais pouvoir vous dire que ça va se faire dans les prochains jours, mais non; ça va prendre des semaines et des mois.

J'espère qu'on aura la chance de travailler en collaboration avec le gouvernement pour cette motion. Merci beaucoup.

The Acting Speaker (Mr. Percy Hatfield): Further debate? I recognize the government House leader—

Interjection.

Hon. Paul Calandra: It's on the amendment.

The Acting Speaker (Mr. Percy Hatfield): Sorry. Go ahead, sir.

Hon. Paul Calandra: Thank you. I appreciate that, Mr. Speaker.

I wish I could say I was happy to get up and talk about the amendment, but frankly I'm actually shocked right now. I had expected that the official opposition would take the opportunity to take this debate tonight seriously. Instead—and I will get to some of the elements within it—what we have seen tonight is the sad spectacle of a member and a party—first of all, a member who decides to advocate for a private member's bill when we're talking about—a private member's bill that has not been approved by this House, and the member decides to advocate for that.

But let's unpack some of the things that the member talked about, because the speech was really full of contradictions. Mr. Speaker, if it sounds like I'm somewhat perturbed, I am, because this is a very serious time in the province of Ontario. We are facing a global economic and health care crisis right there in Ontario and across the world. And what do the NDP bring forward? Delays, delays, delays. That's all they can ever do. So, let's look at the scattergun approach of the member opposite.

She talked in her speech about the importance of public health officials and how important it was that we listen to them, but then the very next thing the member talked about was comparing Ontario to New Zealand—forget the fact that New Zealand fits four times into the province of Ontario. In the very same vein that she talked about the importance of public health, she talked about the fact that in New Zealand they speak with one voice, so we should ignore the 34 public health officers that she just, in the earlier statement, said were very, very important. We're not going to do that, obviously. Obviously, that would be a mistake, because we do value public health. We do value the advice that we get from these officials.

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But the opposition should have the courage to stand up tonight and have an honest debate. This debate is about extending the term of the Chief Medical Officer of Health for the province of Ontario in a pandemic. If there is a reason why they do not want to extend that appointment, an appointment that was made with the honourable member sitting on a panel five years ago and who now, apparently, has changed her mind, then have an honest debate on why it is that the members opposite do not want to reappoint the Chief Medical Officer of Health. That's what this debate should be about. We are simply not going to sit here on this side of the House and allow the official opposition to do what they do best: delay and confuse.

Let's unpack what she said. She talked, shockingly, not just about Ontario's Chief Medical Officer of Health, but the national medical officer of health and medical officers of health across this country, and suggests that somehow they are motivated by politics, that somehow they are making decisions, not in the best interest of the people of the provinces and the country, but somehow they are making decisions influenced by other means, whether it's by government, whether it's by officials, whether it's by constituents, whatever it is. Nothing could be further from the truth. To suggest that somehow our medical professionals are somehow influenced by political considerations is just wrong.

What's ironic about that statement, Mr. Speaker—because in the very next breath, the minister talked about—

Mrs. Robin Martin: The member.

Hon. Paul Calandra: The member, excuse me; God forbid she ever be a minister. The member then talked about how she disagreed with the advice of the Chief Medical Officer of Health. That's what she talked about, Mr. Speaker. So in the one vein, she's talking about how the medical officers of health are not acting in an independent way—not just tearing down the Ontario Chief Medical Officer of Health, but tearing down the national medical officer of health, the medical officer of health in Alberta; I'm not sure if she was able to get Saskatchewan, British Columbia, and the Maritimes in there—but then

disagreeing with the advice that the medical officer of health has made, for political reasons.

We've seen in this chamber day after day after day after day the opposition disagree with some of the health care measures that the Chief Medical Officer has advised this government of and that we have implemented. We saw it today. We hear it every day on education, Speaker. We have one of the safest return-to-school programs in the entire country, a program that was brought forward with the assistance of the Chief Medical Officer of Health. And we hear that the members opposite disagree with that advice.

The members opposite disagree now with the advice of the Chief Medical Officer of Health, with the decisions that he made in Toronto and Peel, Speaker. What's even worse about their disagreement is that for months, they got up in this chamber and supported the very same advice. In March, they agreed. In April, they agreed. In May, they agreed. In June, they agreed. Presumably, in July and August—despite the fact that they wanted to adjourn in June, we were sitting in July—they agreed with that advice throughout that time period. Now, all of a sudden, the NDP disagree with the Chief Medical Officer of Health. Who do they blame? They blame the Chief Medical Officer of Health because they disagree with him, which is quite shocking, Speaker.

Let's look at the amendment that the NDP tabled. Again, we are faced with a decision with the Chief Medical Officer of Health to extend an appointment, which he has graciously agreed to, to September. Let's look at what the NDP have proposed here as an amendment, which we will not be supporting.

Mr. Gilles Bisson: Aww, why not?

Hon. Paul Calandra: Why we won't be supporting it? Because it is classic NDP nonsense, Speaker. Let's see: It's a panel that would be made up of four government members and four members of the opposition and be chaired by the Speaker, who is a non-voting member of that. So it is a panel that could end up in deadlock. But get this, Speaker: It would report back after this House is no longer sitting. So it's a panel that could end in deadlock that reports back when the House is not sitting—and we know the NDP are never going to want to extend the sittings, because the sooner they can get out of here, that is always their MO. We saw it in June, we saw it in July. They couldn't wait to get the heck out of here, Mr. Speaker. It's classic NDP stupidity—

The Acting Speaker (Mr. Percy Hatfield): I'm not sure that that word is within the realm of parliamentary language. I would ask you to withdraw that word, please.

Hon. Paul Calandra: I withdraw calling the NDP stupid.

The Acting Speaker (Mr. Percy Hatfield): No, that's not right. You will withdraw, and you'll do it now.

Hon. Paul Calandra: I withdraw.

The Acting Speaker (Mr. Percy Hatfield): Thank you.

Ms. Teresa J. Armstrong: Don't be so angry.

Hon. Paul Calandra: And the member from London–Fanshawe says, "Don't be so angry." Yes, I'm angry. I'm angry because what you are thinking of doing here tonight is nothing more than delaying the appointment of the Chief Medical Officer of Health in the midst of a global pandemic. Can you not see how seriously—

Mrs. Robin Martin: Misguided.

Hon. Paul Calandra: —misguided—thank you—that would be? Only the NDP would think that somehow a global health and economic pandemic is going to wait for them to make their decision with a panel that could be deadlocked and reports after Parliament is no longer sitting. Only the NDP would put forward such a ridiculous idea.

We're not going to sit here and wait. We are faced with very important issues. We are faced with a crisis that has to be dealt with, and the proposals that they have brought forward simply will not work.

I would ask that the members opposite be absolutely crystal clear in the rest of this debate tonight: If you disagree with the reappointment of this Chief Medical Officer of Health, then stand in your place tonight and explain to the people of the province of Ontario—not to the Chief Medical Officer of Health—why you agreed with him from March right through to this very moment. What is different about the decisions that he helped put in place that they so enthusiastically supported for months, unanimously, that somehow today they no longer support, Speaker? I would suggest to you that the only people that are playing politics right now are the NDP. It may be a very uncomfortable truth for them, but that's exactly what they're doing. It is truly shocking to me, truly shocking.

I would hope that the members opposite—you will have the opportunity in 10 minutes to get up in your seats and explain what it is that you disagree with. Do you think that the Chief Medical Officer of Health's advice, those members who are here from Peel—and I see that there is a member here from Peel. I want that member to rise in his place and to explain to us what it is about the advice from the Chief Medical Officer of Health that he disagrees with that would see them today wanting to delay the appointment of the Chief Medical Officer of Health. He has that opportunity, and so does every other speaker.

The member for Scarborough Southwest is here. Toronto is on lockdown. What advice do you disagree with, and what would you do differently than what the Chief Medical Officer of Health is doing? Go a step further: Explain to the people of the province of Ontario why you supported that advice for months—for months, Speaker. When you talk about playing politics, now is your opportunity to show what it is, what part of this motion here that the NDP have put on the table is not about politics, Mr. Speaker.

The member for Nickel Belt criticized the Chief Medical Officer of Health, not only of Ontario, but across the country. She said she was critical of them for being team players. Just think about that for a second, Speaker. I don't know the other Chief Medical Officers of Health in this country, but there has not been one second when I

have looked at the hard work that they have done in co-operation with us, in co-operation across this country, that I have looked at them and said, "Oh, they're being team players." What I see is a Chief Medical Officer of Health in the province of Ontario, Dr. Williams, who is busting his back each and every day for this province. That's what he's doing.

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I don't see a man who gets up there with a team that is supporting him and thinking, "I'm going to be a team player today." I see a person who is doing his absolute best to help guide a province through a global pandemic, and who has been very successful. I look at Chief Medical Officers of Health across this country, and I look at Canada in comparison to every other jurisdiction, and I say: Job well done, even if there is more to do.

I'm not sitting here and going to fathom a motion that is based on a failed private member's bill. Imagine, for a second, you have the opportunity, as a party in the Legislative Assembly of the province of Ontario, during a global pandemic—a pandemic that is costing individuals and families so much, whether it is financially or the heartache of having lost somebody; the stress that you might get sick, Speaker, and how that will impact you and your family. The decisions that we have made in this place for months—and the member rises in her place to advocate for a private member's bill. It's shocking and shameful and, at best, it's misguided. At best, it's misguided to suggest that our Chief Medical Officers of Health, that the doctors who are advising us, are team players.

We have a select committee in this place, and the Chief Medical Officer of Health was in front of that select committee just this past week, answering questions of the members of the opposition. Any of the questions that they had, he answered those questions. The member opposite—and I look forward to the rest of the night—suggested that, "Well, it's confusing when the Chief Medical Officer of Health goes and answers questions at a podium with other doctors." Somehow, being open and honest about the situation that we're confronted with because it was inconvenient for the opposition is somehow confusing to people.

It truly is some—honestly, I am frustrated and I'm angry tonight because we had the opportunity, ahead of us tonight, hours of debate, to talk about the Chief Medical Officer of Health and his extension, to talk about some of the things that we have done to keep the people of the province of Ontario safe—even the opportunity to suggest ways in which, perhaps, the decisions that were made weren't the right decisions. And what do we have? A motion that's brought forward to create a committee that would report when the House no longer sits and that could end up in deadlock and would delay the appointment of a Chief Medical Officer of Health. This is the great NDP plan tonight. This is what they're asking the people of the province of Ontario to support. I can tell you that this government will not support this kind of a motion. It would be a dereliction of duty if we, as the government, were to support a motion that could see the province of Ontario without a Chief Medical Officer of Health—because that's what this motion does.

Speaker, I'm in the tail end of my comments here tonight, and I say very clearly to the members opposite: Tell us why you do not want to have this appointment extended. Tell us why and what things you disagree with. That's what we want to hear tonight. That's what this debate is about tonight. I'm going to tell you that on this side of the House, we're very proud of the hard work that is done by Dr. Williams and by the entire health team. It's not just about Dr. Williams. It's not Dr. Williams sitting alone in an office and deciding, "How am I going to be a team player today? How am I going to make Doug Ford and the Conservatives happy today?" To even suggest that—and the member for London: "Oh, you're so angry." Yes, you're darn right, I'm angry. Because to suggest that an official like Dr. Williams, Dr. Huyer and all the other people who sit around that medical table are somehow trying to be team players to make people happy—like some of the decisions that we're making here are about making people happy? It's about keeping people safe. That's what this is about. It's about keeping people safe.

Do you think the Chief Medical Officer of Health or anybody sitting around that health table goes home tonight and rubs their hands together, "Oh, boy, I was a great team player today"? Do you think their appointments rely on whether we're happy with them or not? The reappointment of the Chief Medical Officer of Health depends on the job that he, in this instance, has done to keep the people of the province of Ontario safe. That's why we're bringing this appointment forward, because he's done a great job at it.

I only have two minutes left, so let's unpack again what we've heard tonight. Let's again unpack. We've heard the opposition health critic advocate for a private member's bill during a debate over the Chief Medical Officer of Health.

We've heard the member for Nickel Belt suggest there are too many people talking about health care in the province of Ontario and that we should silence the local medical officers of health, because—

Mr. Gilles Bisson: Oh, come on.

Hon. Paul Calandra: That's exactly what was said.

Mr. Gilles Bisson: You're so silly.

Hon. Paul Calandra: There he goes, colleagues. There's the member for Timmins. He called us silly. I'll tell you what's silly: putting forward a motion that would have a committee report back after the House no longer sits and that could end up in deadlock. You might not call it—I won't say the word, but I think that is silly.

We have a member who says that we have to listen to the advice of the Chief Medical Officer of Health, but not the advice that the member and the members opposite disagree with. I'm going to suggest to the members opposite that we will continue to do what's right for the people of the province of Ontario.

She talks about co-operation. We are certainly not going to co-operate with a party that so blatantly accuses our health—we call them heroes on this side for the work that they have done, and not just the Chief Medical Officer

of Health. We call them heroes on this side. They call them somehow collaborators and team players not looking out for the best interests of the people of Ontario. I think that summarizes entirely why that level of co-operation that existed in the first number of months no longer is there: because we're not willing to set aside what's important to the people of the province of Ontario to play silly political games.

I say to the members opposite, you have an opportunity. Put on the table what it is that you disagree with, why you voted in favour of all of these measures since the beginning of this pandemic and what it is about this Chief Medical Officer of Health that you do not like and that makes you want to stand in the way of his reappointment here tonight. Because on this side we think he's doing a great job—

The Acting Speaker (Mr. Percy Hatfield): Thank you. Further debate on the amendment? I recognize the Minister of Health.

Hon. Christine Elliott: Good evening, Speaker. Thank you very much. It gives me great pleasure tonight to speak in support of the original motion to reappoint Dr. David Williams as the Chief Medical Officer of Health for an extended period.

As our government House leader has indicated, we are not prepared to support the amendment that has been proposed by the member for Nickel Belt.

I would say that everyone in Ontario is very fortunate—all 14.5 million people—that, at the request of our government, Dr. Williams has agreed to stay on, should this motion pass. This reappointment will be effective as of February 16, 2021, and last until September 1, 2021.

The global outbreak of COVID-19 has been one of the greatest challenges of our generation. This truly is an unparalleled event in our history. No one ever expected that we would be in the grips of a global pandemic at this time last year. But since day one, our government has made the health and well-being of Ontarians—especially our seniors, our most vulnerable and our front-line heroes—our top priority, and that will not change.

In order to support these efforts, we have relied on the advice of our public health experts to help guide our response and to keep our province safe.

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And since day one, our government has been very, very fortunate to have received the expert advice of Dr. Williams in his role as Ontario's Chief Medical Officer of Health. Dr. Williams's wealth of knowledge and experience has been instrumental in guiding us through these very, very challenging times. But the reality is that, come next February, Dr. Williams will have completed his five-year term as Ontario's Chief Medical Officer of Health. No one could have foreseen, when Dr. Williams agreed to take this job on five years ago, that we would now be in the midst of this pandemic, so the timing is less than ideal.

Now, as we manage the second wave of COVID-19, it is more important than ever that we have experienced, stable leadership. We need someone who understands the challenges of this pandemic and the province's public health system as we continue to work collectively to stop the spread of COVID-19.

The reality is that Ontario is a complex and diverse province. What works in one part of the province does not necessarily work in another part. The needs of someone in Kenora are very different from the needs of someone in downtown Toronto. To address these differences, a long time ago the province developed a distinctive structure that currently has 34 public health units and 34 local medical officers of health. Each of these health units is required to tailor public health interventions to meet the unique needs of their communities. It's all about delivering the right services based on local needs. But this structure, with all of its different pieces, can be challenging to navigate.

Few people have as much experience in managing this role as Dr. Williams. Beyond the five years he is currently serving as Ontario's Chief Medical Officer of Health, from 2007 to 2009 he also was the acting chief medical officer of health. During that time, he led our province's preparations and response to the 2009 H1N1 flu pandemic and the vaccination effort that followed. Now, with several COVID-19 vaccines suggesting that there's light at the end of the tunnel—thank goodness—his experience in the deployment and uptake of vaccines has never been more important.

Not only has Dr. Williams served this province well in this role, but he has also served as a regional medical officer of health, having filled that role for many years in Thunder Bay. This gives him not only the perspective of having managed public health at the provincial level, but also an understanding of the experiences of medical officers of health at the local level—of their needs and concerns and the needs and concerns of their communities.

He brings nearly 30 years of experience in public health to the role. There is no one better suited to this role than Dr. Williams, and I can certainly say that without reservation.

Furthermore, to change direction in the midst of a pandemic, to have someone learn a new role while at the same time managing the tremendous responsibility that Dr. Williams currently finds himself shouldering would be a challenge for anyone, no matter how talented they might be. Our province will not benefit by having someone new trying to find their feet in this role during these unprecedented times—not when the health and well-being of Ontarians is at stake, and not when we currently have someone in the position who is already doing the job at a high level.

Now more than ever, we need experienced, stable leadership. We need someone who fully understands the pandemic and the province's public health system as we continue to work collectively to stop the spread of COVID-19 and continue the work of preparing for the deployment of COVID-19 vaccines. That person is Dr. Williams.

I can personally attest to the fact that Dr. Williams has worked day and night to keep Ontarians safe and informed since the start of this pandemic.

Under Dr. Williams's advice and leadership, Ontario has made some of the most difficult decisions in our province's history and achieved some significant milestones in its fight against COVID-19.

In January 2020, to ensure Ontario was aware of all potential cases of COVID, we were the first province to enact a regulation listing the novel coronavirus as a communicable disease and as a disease of public health significance. We were the first province in Canada to announce a school closure in March to protect our children during the early days of the outbreak—a difficult but necessary decision at that time as we started to learn more about this virus.

Dr. Williams has been an advocate for the importance of data and evidence, while also working to balance what is practical with what is also feasible. He works to protect public health and understands the impacts of decisions made on the health and well-being of our population here in Ontario.

Thanks to his advice over the past eight months, we have managed to keep the rate of total cases in Ontario below the national average. And, by continuing to follow his advice today, Ontario continues to have the lowest rate of COVID-19 cases among all provinces, outside of Atlantic Canada, at 89 cases per 100,000 people. For context, we can compare that rate to:

—130 cases per 100,000 in Quebec;

—158 cases per 100,000 in British Columbia;

—244 cases per 100,000 in Saskatchewan;

—301 cases per 100,000 in Alberta; and

—621 cases per 100,000 in Manitoba.

As the Premier said yesterday, this is not something to brag about, and we certainly aren't. We know that we continue to face serious challenges, and there is always more work to be done. But it does illustrate just how far we have come, in large part because our government has relied upon and implemented the advice of our Chief Medical Officer of Health, Dr. Williams.

One of the cornerstones of our response to the pandemic has been expanding COVID-19 testing. Dr. Williams has played a key role in making Ontario a leader in testing and case and contact management. Under his guidance, we have made great strides, starting with being the first province to begin our own COVID-19 testing. We established an integrated provincial lab network among public health, hospital and community labs. We ramped up our testing capacity to protect the most vulnerable in our communities and started proactively testing several priority groups. This included enhanced testing of staff and residents in long-term-care homes and other congregate care settings.

When we first started testing, our province was only able to conduct 4,000 tests per day. But by working with our partners, we have now expanded our testing capacity exponentially. Ontario has completed over 5.8 million tests to date, more tests completed than all Canadian provinces and territories combined. That is a significant achievement, Mr. Speaker. And according to Health Canada's data, our province is a national leader in COVID-19 testing, having achieved the highest per capita rate of testing in the country.

Recently, on the advice of Dr. Williams and in consultation with Ontario's testing strategy expert panel and other health experts, we updated our provincial testing criteria to ensure that anyone who needs a COVID-19 test can get a COVID-19 test—and the results—in a timely manner. We will continue to expand our testing infrastructure further, including the deployment of rapid tests that is well under way to provide faster results in regions of high transmission and rural and remote areas. These rapid tests will also be used as an additional tool to help keep essential workers safe in long-term-care homes and workplaces, as well as for the residents of the long-term-care homes.

Dr. Williams' leadership and guidance was also critical to bending the curve of the first wave of COVID-19, helping us to reopen the province over the summer. That is why, more than ever, we need his expertise and guidance to get us through this next wave.

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Dr. Williams's advice has also proven critical in helping to protect our children and youth throughout this pandemic. Dr. Williams worked with other public health experts, Ontario Health, medical experts at the Hospital for Sick Children and the Ministry of Education to develop a plan that has ensured students could return to the classroom five days a week in a way that protects the health and safety of our children, teachers and school staff. Ensuring that children can attend school with minimal interruption is an important part of their healthy growth and development. That is why, in consultation with Dr. Williams, the COVID-19 command table and pediatric experts, our government developed a plan to ensure schools remain a safe place for our kids, by putting in place measures to limit COVID-19 transmission and outbreaks, and we are grateful to Ontario's Chief Medical Officer of Health for contributing significantly to the development of Ontario's back-to-school plan.

In his role as Chief Medical Officer of Health, Dr. Williams has worked closely with our federal and provincial partners as a member of a special advisory committee on COVID-19, as well as continuing to consult regularly with Ontario's local medical officers of health. This has given him a very important view of what is going on across the country and a view of what is going on closer to home at the local level. These collaborations have allowed Dr. Williams to establish and strengthen relationships with our partners as we work collectively to defeat this virus.

Most recently, Dr. Williams took a leading role in the development of the Keeping Ontario Safe and Open framework, introducing preventive measures earlier to allow for additional public health and workplace safety measures to be introduced or removed incrementally. This framework, informed by public health experts, including the public health measures table, data and the experience of other jurisdictions, is focused on introducing less invasive measures earlier to stop the spread of COVID-19.

It also reflects our commitment to being transparent with Ontarians, businesses and local communities as we work together to keep schools open, safeguard health system capacity and protect the province's most vulnerable population.

Dr. Williams has likened this strategy to a dimmer switch, enabling measures and restrictions to be increased and give individuals and families the information they need to adjust their activities and interactions based on local epidemiological data. This new framework has been extremely important to date, serving as an early warning system, allowing us to scale up and scale back public health restrictions on a regional or community basis in response to surges and waves of COVID-19. This framework is designed to help us bend the curve of the second wave and any future waves we may face—hopefully none—and is the product of long, long hours of work, based on the best advice of Dr. Williams and our partners.

Speaker, despite all that we have accomplished so far during this pandemic, Ontario continues to need the advice and expertise of Dr. Williams. We are seeing reason for hope, with news of promising statistics on the effectiveness of not one, but several potential vaccines: Pfizer, Moderna and AstraZeneca. With news of a potential vaccine on its way, we are on the verge of a critical new phase in our efforts to stop the spread of COVID-19, and we continue to need Dr. Williams' advice to help get us there. While there is light at the end of the tunnel, the reality is that a vaccine is still months away. We're going to continue to take all measures necessary to stop the spread of COVID-19, while planning for the availability of a safe and effective vaccine once one is ready.

With the expert advice of Dr. Williams, we have gotten this far. From a continuity perspective, it makes no sense to make a drastic change in leadership when we are beginning to see the potential for hope, and hope is what everyone in Ontario needs right now.

I'm going to paraphrase the Premier here for a moment because I think he really said it best when he described Dr. Williams as a man of integrity, a man of honesty and a man who is passionate about helping the people of Ontario. I don't think anyone could say it better. We have been extremely fortunate to benefit from his nearly 30 years' experience in public health at all of the various levels at which he has served.

Our government is not asking that the members of this Legislature grant Dr. Williams another five years in this role. The request before us today is to extend his tenure by up to a little more than six months so that our province can continue to benefit from his wealth of experience and knowledge, and so that he can continue the important work that is already under way.

Mr. Speaker, our government believes in Dr. Williams—no question asked. Throughout the outbreak, he has provided steady public health advice as we managed to find our way through the first wave and as we continue to fight through the second wave. I am so pleased and honoured that Dr. Williams has agreed to continue to advise our government as we enter this very critical juncture. And I would like to thank Dr. Williams for his continued service to the people of Ontario and for his unparalleled leadership during these unprecedented times.

I do implore everyone here in this chamber to support the reappointment of Dr. Williams until September 1, 2021, so that Ontario can continue to benefit from the depths of his knowledge and his very sage advice.

The Acting Speaker (Mr. Percy Hatfield): Thank you. Further debate?

Hon. Paul Calandra: Speaker, point of order.

The Acting Speaker (Mr. Percy Hatfield): On a point order, the government House leader.

Hon. Paul Calandra: Yes. I would seek unanimous consent to give the NDP member for Brampton North an hour to speak on this topic, given how important it is to the people of Peel.

The Acting Speaker (Mr. Percy Hatfield): The government House leader, tongue in cheek, is seeking unanimous consent to allow the member from—

Interjection: No.

The Acting Speaker (Mr. Percy Hatfield): I heard a no. Thank you.

Government House leader.

Hon. Paul Calandra: Sorry, Speaker. It's very much a very serious point of order. I'd be willing to seek unanimous consent for the member for Brampton North to speak for 20 minutes if an hour is too much.

The Acting Speaker (Mr. Percy Hatfield): The government House leader—

Interjection.

The Acting Speaker (Mr. Percy Hatfield): I heard a no.

Is the member from Timmins rising on a point of order?

Mr. Gilles Bisson: No, I want to debate this. Further debate.

The Acting Speaker (Mr. Percy Hatfield): I recognize the member from Timmins on further debate.

M. Gilles Bisson: J'aimerais premièrement remercier ma collègue notre critique en matière de santé pour avoir pris la parole et expliqué un peu le dilemme qu'on se trouve dedans en Ontario avec le processus qu'on suit pour être capable d'appointer notre personne responsable—comment dit-on « Chief Medical Officer of Health » en français?

M^me^ France Gélinas: Médecin hygiéniste en chef.

M. Gilles Bisson: Médecin hygiéniste en chef. Puis je pense, en fait, à une couple de points qui je pense sont très importants.

Premièrement, il n'y a personne ici qui est en train de dire, d'une manière ou d'une autre, si cet individu-là va ou ne va pas être appointé, qu'il soit ou ne soit pas appointé. Ce n'est pas le point du débat. Que le gouvernement essaie de caractériser le débat d'une manière qui dit : « c'est parce qu'eux autres, sont-ils en faveur ou bien donc sont-ils contre? Ils veulent bloquer, ils veulent »—non, ça n'a rien à faire avec ça. Ça fait affaire avec le processus. Et le gouvernement nous dit : « Oui, mais vous êtes en train de faire ça parce que vous êtes motivés, d'une manière, à

essayer de ralentir les affaires et de mettre des barreaux dans les roues du système médical. » Voyons, ce n'est pas du tout le cas.

Le point que la députée a fait, monsieur le Président, c'est que si on regarde le processus à travers le Canada, comment on appointe ces individus-là, il y a un processus très différent dans les autres provinces, comparé à l'Ontario. Et le NPD—ce n'est rien de nouveau. Ça fait longtemps que, nous autres, on propose que cette position soit une position comme une personne appointée par l'Assemblée, comme, on va dire, l'ombudsman ou autres positions qui sont présentement en place, comme des officiers de l'Assemblée.

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Il y a des raisons pour ça. Premièrement, ça fait de cette personne-là une personne indépendante du gouvernement et une personne qui répond seulement à l'Assemblée dans son entier et au public de l'Ontario. Si on regarde à l'Alberta, au Manitoba, au Québec, à la Colombie-Britannique, eux autres, ils ont ce processus, et ce processus-là, je pense, donne plus de confiance au public quand ça vient aux décisions qui sont faites par un gouvernement ou un—comment dire encore?

M^me^ France Gélinas: Un médecin hygiéniste en chef.

M. Gilles Bisson: Un médecin hygiéniste en chef : je vais venir à l'apprendre, ce terme-là.

So donc, c'est quoi le point que nous autres on veut faire et ce qu'on demande au gouvernement de faire? C'est bien simple : on ne demande pas qu'on arrête l'appointement, premièrement. Cette personne, il est présentement en place, à aller jusqu'à environ la mi-février ou la fin du mois de février. Ce n'est pas comme si on ne passe pas cette motion ce soir que cette personne ne va pas avoir un réappointement. Cette personne est en place et va continuer à être en place à aller jusqu'au mois de février ou à la fin du mois de février.

Le processus que nous autres on demande, c'est seulement un processus où l'Assemblée peut avoir cet individu-là venir devant un comité pour répondre à des questions que—franchement, il y a des députés sur les deux bords de l'Assemblée qui ont des questions qu'ils pourraient demander, et que le public et ceux dans le système de santé aimeraient voir demandées à cet individu. C'est seulement ça qu'on demande à faire. On ne dit pas que cette personne-là ne peut pas être réappointée, qu'on va bloquer son appointement. Ce n'est pas du tout le cas. Ce que nous autres on dit, c'est qu'il y a un besoin d'avoir un processus.

Écoute, le gouvernement dit qu'ils sont contre des processus ce soir. Hier après-midi, j'ai regardé un débat où le gouvernement s'est caché derrière des processus pour être capable de donner à un collège l'habilité d'être capable de devenir une université, un collège qui est mené par quelqu'un qui a, on le sait, des vues et des opinions, on va dire, très différentes de la majorité des membres dans cette Assemblée. Le gouvernement dit qu'il faut suivre un processus. Comment hier vous êtes capables de dire que c'est très important de suivre un processus, mais quand on vient à cette position qui est très importante aussi—je pense que le médecin hygiéniste en chef—je l'ai pogné—c'est une position qui est très importante.

Je pense qu'on est tous d'accord. On veut s'assurer que cette personne a la liberté d'être capable de faire sa job, puis on a besoin de lui demander ces questions : est-ce que vous sentez que vous avez l'autorité et vous avez le support d'être capable de faire votre job d'une manière qui vous donne, comment dire—pas le « courage », ce n'est pas le mot que je regarde pour—l'autorité d'être capable de faire votre job? C'est tout ce qu'on demande.

On sait que demain il va y avoir un rapport qui va sortir. On va voir ce que ça va dire. Je n'ai aucune idée; moi, je ne l'ai pas vu. Mais j'imagine que ça va répondre à une partie de cette question. Tout ce que nous autres on demande—il y a un besoin d'avoir un processus. On ne dit pas que cette personne-là ne peut pas être réappointée. On ne dit pas que ça va être bloqué. La personne a jusqu'à la mi-février ou la fin du mois de février pour faire son emploi. Puis il y a encore beaucoup de temps entre à cette heure et le 25 février pour capable d'avoir le comité faire son ouvrage et l'Assemblée revenir tel qu'on va revenir au mois de février, ou, si le gouvernement est intéressé, de parler de comment on pourrait retourner l'Assemblée, comme on a fait ce printemps et cet été, pour une journée pour être capable de passer la motion. Ça c'est quelque chose qu'on pourrait discuter. On n'est pas opposé à avoir cette discussion. Il n'y a rien qui va prévenir le réappointement de cette personne si c'est le vouloir des membres de l'Assemblée. C'est tout ce qu'on demande.

Quand, par exemple—on vient juste de passer à travers—on a deux officiers de l'Assemblée qui présentement ont besoin de réappointement : l'ombudsman, M. Dubé, et la personne responsable des conflits d'intérêts des députés de la province, Justice Wake. Les deux sont dans une position qui a besoin d'avoir des réappointements.

C'est le NPD qui a envoyé une lettre au Président de l'Assemblée et une copie au gouvernement disant : « écoute, à la place de seulement les réappointer sans discussion, on a besoin d'avoir un comité qui revient ensemble »—un différent type de comité parce que ce monde-là sont des officiers de l'Assemblée, et la législation déjà en place a un processus où il y a un membre de chaque parti puis on a besoin d'avoir l'unanimité quand ça vient à la décision de ce réappointement. Mais, nous autres, on dit que c'est important d'aller à travers le processus, comme on a fait avant.

Est-ce qu'on dit que ces personnes ne vont pas être réappointées? Pas du tout; ce n'est pas le point qu'on fait. On vient de dire que, comme tous les employeurs, nous, l'Assemblée, on a besoin des fois d'avoir un processus où on est capable de s'asseoir avec les ceux qui travaillent pour nous, les demander des questions, voir si eux ils ont des questions. Est-ce qu'il y a un besoin d'avoir des changements législatifs pour mieux être capable de faire leur emploi? Ce sont des questions et des discussions dont on a besoin d'avoir avec ces individus-là. Et ce n'est pas plus différent pour le médecin hygiéniste en chef de la province de l'Ontario.

We as the official opposition are not saying for one second that this person should not be appointed. That's not the debate here. I know the government wants to characterize it that way, but that's not what New Democrats have been saying. I don't blame anybody in this House or want to say there's any reason other, but you should know that New Democrats have taken this position for years.

It goes back to Shelley Martel, if I remember correctly. When we had Chief Medical Officers of Health who were appointed by the government at the time, we pushed in order to have a process that the assembly be involved in the hiring of that particular position because that person worked for the Ministry of Health and didn't work for the assembly. It was Shelley Martel, as our health critic at the time, and Howard Hampton, our leader of the day, who pushed and said, "We need to have a process. We would want to have that person appointed as an officer of the Legislature."

Now, the government of the day, being the Liberal government, said no, and that was their right. They had a majority. They can decide to say no. I'm not begrudging the fact that they made that decision. I don't agree with it, but that was nonetheless the decision. But the government said, "Okay, let's have a process where members are involved in the hiring." Actually, no, it wasn't the Liberals originally. It was the Harris government, because that would have been before that when we originally raised this issue. So this has been going on for a while.

My point is, we have long argued on this side of the House, as New Democrats, that that position should be that of an officer of the House. And what the member was suggesting in her debate, in defence of her, is that if you look around Canada, you will see that other Legislatures have gone in that direction. If you hear the name Bonnie Henry, there's a large amount of support for Bonnie Henry, the Chief Medical Officer of Health for British Columbia, and the Chief Medical Officer of Health in Alberta and others. There's a great deal of support, and part of the reason why is that those people are responsible to the Legislature, not just to the ministry. So there's no, "Oh, is this person doing the bidding of the government?" Because they know that this person is actually an independent officer and so therefore making their own decisions.

Nobody goes to Justice Wake or Mr. Dubé and makes the argument that we don't have confidence in those people, because they are independent officers of the House who make decisions on the basis of their mandates given by legislation. What the member was raising is that—are we the only one who doesn't do it this way?

M^me^ France Gélinas: We're the only one that has it doubled.

Mr. Gilles Bisson: Yes, okay. But the point is, we need to modernize the way that we appoint the medical officer of health. That was part of the debate.

The other part of the debate that she raised, and I think, in fairness, was that if at this point we're not debating that particular bill—so the government House leader says, "Oh my God, she's debating and she's trying to move toward that particular bill"—that bill will have a debate at a future date in this House, I think in December sometime, if I remember correctly.

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But what she's proposing in this motion is something very different. She's saying, "Listen, we're not there yet. We don't have the Chief Medical of Officer of Health appointed as an independent officer of this House, but at the very least, we should have a committee of the Legislature," or, in this particular case, a special committee, "that would have the ability, with an equal number of members from both sides"—a member from the Green Party, a member from the Liberal Party, two from the New Democrats, four from the government—"to question and to ask the Chief Medical Officer of Health, 'How are things going? Do you feel that you have the authority to do what it is you've got to do? Do you think that things should be changed in your relationship to your employment in order to better do your job?'"—to ask questions about what's happened with some of the decisions that were made up to now.

Some of them were great. I support some of those decisions. As the member pointed out in her debate, nobody likes the idea that you have to wear a mask in public. Nobody likes the idea that the city of Toronto is in lockdown or that Whitby is in code red. Nobody likes that, but we all understand it. We support that decision. But we're saying that it's important that you have a process by which you get there. The idea of the committee is to allow the committee to ask the Chief Medical Officer of Health questions as to how he sees things going, how could things be made better, how can things be made more transparent so that people have a better—how would you say—more confidence in the decisions.

The member made a point—I was listening to that earlier, and I thought it was a very good point. People have a larger degree of respect for a person in the medical community, especially if they're an officer of the House, than they would have for a politician. It doesn't matter who the politician is; that's the point that the member was making. If it's the Premier of Ontario or the health critic of the New Democratic Party or the interim leader—or the House leader, I guess. House leader now?

Mr. John Fraser: Whatever I am now, yes.

Mr. Gilles Bisson: —the House leader of the Liberal Party or the leader of the Green Party, the point is that—I forgot what my point was.

M^me^ France Gélinas: The point is, people trust positions—

Mr. Gilles Bisson: Oh yes, exactly. People trust those positions of the Chief Medical Officer of Health or an independent physician far more than they would trust us. That's just normal. It's not because you're a New Democrat or you're Conservative or Liberal or Green; it's just that the public says, "Why are you making that decision? Oh, you must have your own reason." That kind of stuff goes on. So if you have an independent Chief Medical Officer of Health, those decisions are far more accepted by the public than are decisions made by politicians.

Just look at our own ridings. All of our Chief Medical Officers of Health in our regions have had to make some very tough decisions. All of us have had to call our Chief Medical Officers of Health through this COVID-19 pandemic over different issues: things that are closed, things that are left open, questions that are not answered etc. They take a fair amount of criticism, but in the end, they're accountable to the public, they're independent and, by and large, the public supports them. They have trust in our system in making sure that the right decisions are made for the right reasons. For the government to get up and to say, "Oh, this is just the NDP trying to be dilatorious," and, "They don't want to work. They don't want to be here in the Legislature"—making all those accusations against my colleague for the speech that she made, I think, is not fair. The reality is, we're asking for something that is quite rational and saying that there needs to be a process.

As I said at the beginning of this speech, the government, yesterday in this House, stood behind process as a defence for them granting the ability for a Christian college to become a university. I listened to all the speeches on both sides of the House, and the government stood behind the question of process: "How can you step out of the process? We have to have a process." He kept on talking about process. Now, barely 24 hours later, they're saying that there should be no process: "Just trust me. I'm the government. Just do what I tell you." I'm sorry, that's not the way this place works. I know that the government House leader would like it to work that way, and I understand his frustration, but the reality is that we have the right to propose. We're making a proposal by way of this amendment that would not, in any way, stop the reappointment of the current Chief Medical Officer of Health, that would not, in any way, delay it any more than it needs to be, because it wouldn't be delayed whatsoever, because his appointment goes until the end of February. All we're saying is, put the committee together, as proposed by the motion. Allow the committee to have the Chief Medical Officer of Health come before us in order to ask the questions that need to be asked. It's not about raking the Chief Medical Officer of Health over the coals; that's not what this is all about. Everybody makes decisions, and all of us try to do the best on both sides of the House and in professions of making the right decisions for the right reasons. That's not what this is all about. But it's about making sure that we touch base with the Chief Medical Officer of Health and say, "What worked, and what doesn't work? What could be made better as far as the process that you have to work under? What about some of these decisions? Do you feel that you were listened to?" etc., etc. It's all those questions that need to be asked.

And I'm not the only one; read the papers. The papers are writing about some of the stuff as it is, and they're raising some of these questions themselves. It's not invented by New Democrats. I listened to some of the media reports over the last couple of days, and I read some of the articles—not all of them, but some—that were printed by some of our media outlets, and they're asking the same questions that we are.

So to be clear, and I just want the government to understand, we are not proposing for one second that this person not be reappointed. That is not what we're saying.

Mrs. Robin Martin: Good. Then vote for the motion.

Mr. Gilles Bisson: Well, there we go again.

We are saying there needs to be a process, and the process will in no way stop the ability to reappoint the Chief Medical Officer of Health for another six months beyond the end of February. It would not slow that down in any kind of way. As you know, there are ways through the rules of the House to be able to make that happen. The committee will meet. If the committee needs to, once it makes its recommendation and it comes back to a decision of the House in order to pass the motion, there is a way of getting the House to come back for a day or an hour, as we did last spring, to be able to deal with that at the time, and time to have it done before the end of February. That's all we're asking for. For the government to say, "Oh, we can't bring the House back. That can't be"—well, we did it last spring. How many times did we do it because it was the right thing to do? This is no different now than it was last spring.

Thank you, Mr. Speaker. I want to thank the comments of our health critic. I thought those points were very well made.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. John Fraser: That's great, Speaker. It's almost nine o'clock, so hopefully everybody's wide awake still.

It took two years to appoint the last Chief Medical Officer of Health, so I have a really hard time understanding why we're here having this debate when we knew the Chief Medical Officer of Health would be retiring. He gave that indication, and nobody made any moves to do what we needed to do even though we only had about eight or nine months. So the government's reappointment is reasonable. It's only reasonable in the sense that we're hooped; we're jammed. We need to do it now, because we didn't start a process earlier. And in some ways, what the NDP is saying is right: There's a process to reappoint a Chief Medical Officer of Health. I have no question about the medical officer of health working hard, and I think the time for asking questions is when the Premier reports to this House about the state of emergency.

When we look at what has happened and the response to COVID-19 here, it's just not one person. We rely on that advice. It's not entirely clear whether that advice is taken or where that advice comes from or where it goes. The fact that we don't actually debate that in this Legislature and that we have a select committee at which the Solicitor General—I want to thank the Minister of Health and the Chief Medical Officer of Health; they did come to the committee last week—comes to the committee and reads a report about what we've extended—there's no transparency, even to give confidence to members in this House as to what's happening. It's entirely possible for us to do that.

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So where are we going to go from here? The government is proposing a six-month extension. Would that be

enough time? Is that the actual intent? I don't agree that we should be pulling the Chief Medical Officer of Health in here at this time, asking him a bunch of questions. I think we need transparency on a regular basis in this Legislature—in here and in committee—so that we can have these conversations.

However, I am frustrated by the fact that we didn't move to start this work when we knew it took two years last time—two years. Dr. Williams is retiring, and I don't agree with the argument that says, "Well, we can't do that right now because that would be undermining him." No, we're looking for his replacement.

I want to go back: It's just not one person. I often ask myself the question when I'm watching the government's response to COVID-19: Who is in charge? Is it the Chief Medical Officer of Health? Is it the Premier? Is it the Deputy Premier and the Minister of Health? I wish somebody would tell me, because I think sometimes when we get a lot of conflicting information—at least that's what people at home are seeing. It's not just what I see, it's people saying, "What? I thought we were supposed to do this, but we are doing that." And that's not on one person, so let's not get all that mixed up.

This is a really difficult time. We're in the middle of a pandemic. When we're at home in our communities we know that. And in some of our communities, especially here in Toronto and in Peel, people are scared. They're scared, and they need certainty and they need clear direction, and that's the thing we need to be focused on right now. We need to be focused on transparency. That's why I've been asking for the command table to come to the select committee.

I would argue that we should have a more effective mechanism right now to give confidence to all the members of this House on what exactly is the advice that's being given, who is giving the advice and what underpins that—at least to give confidence to the members in this House so they can work in their communities in a way that's going to be helpful and supportive of them. Because, right now, I get where everybody's coming from. They hear different messages. Why are we doing this now and why didn't we do that before? Why did we change our structure—red, orange, yellow? Why did that change and why did those numbers change? I don't know who changed that. I don't know the process by which that happened. Because the command table is not like that table; I'm not sure that the command table would fit in this room—

Mr. Gilles Bisson: It's pretty big.

Mr. John Fraser: It's pretty big—so that's a large structure.

And one of the things I'm very concerned about in this pandemic is the ability of the government to respond quickly. Raising the wages of PSWs—one month longer than BC and Quebec; it took one month longer here. We made that decision. Why did we wait that long? Who made that choice? I don't know. We should know. We've got to hear from more than one person. I don't think it would be fair to try to hear from one person, not if you couldn't fit the whole darn command table into this room. If there were transparency, we wouldn't have this problem. If we knew who was giving the advice, what advice was being taken and what the evidence was for that, we'd all have a lot more comfort and so would our constituents.

Here's what we need to do: We need continuity. You don't change horses midstream. Dr. Williams is going to retire. We have eight months. We need to do what we do every time when we replace the Chief Medical Officer of Health: We have an all-party committee, in camera, we interview people, and we make our best recommendation. It's hard work. We do that for other positions in the government and in the assembly. We need to get on with that. It should have happened in September, or July, or maybe even June. It wouldn't undermine the work. It would be the right, smart thing to do.

You have to have a transition. It's not like somebody walks out, punches their card, and the other person walks in and punches their card. With Dr. Williams indicating that he was retiring, that should have been a very clear message to us. Fresh blood, new blood is always a good thing in an organization.

I'm too tired to be angry or frustrated. But we need to do better. We shouldn't be here at 9 o'clock debating this. It reminds me of the long-term-care debate, where each side is going at each other for—one side is saying, "You guys are going to kick residents out," and this side is saying, "Well, we're going to be able to take all these things out right away." People at home are saying, "What are they doing there?"

What we need is to get on with what's known as an orderly transition. We need to get to that work. It's work that we can do here. It's not going to distract from the government's work in the government or at the command table. It's work that we can do here to ensure that we get the best candidate and have an orderly transition, just like we've done before—just like we do with other appointments, just like we do with other officers in this Legislature. We can't delay making that decision. The challenge in this pandemic is, as I said earlier, delayed decisions, waiting to take action that we knew we had to take, sometimes because we were afraid of what decision we might have to make, or whether we were right or we were wrong. We know we have to do this; we've known since last summer—the government has known; I say "we" because I think we're all in this together. I'm not going to take blame for it, though. We need to get on with it. It's our job here to choose the next candidate, and we're not going to get it done unless we establish that process today.

If the government is looking to reappoint, which I think is the reasonable thing to do in the circumstance, given the condition and the state of things in Ontario right now and the lack of clarity around the command table, then the government should be starting that process of looking for Dr. Williams's replacement, beginning that search, finding the best candidate, because that's the right thing to do.

The next most important thing is that we get some transparency around the command table and the decisions and the response of the government to COVID-19. We

need more. We know that. I think members know that on the other side. We all have questions.

The Acting Speaker (Mr. Percy Hatfield): I recognize the government House leader.

Hon. Paul Calandra: Given the commitment of the opposition House leader not to delay the appointment of Dr. Williams, I seek unanimous consent that the House adopt government notice of motion 97 as originally filed without further debate or amendment and that Dr. Williams shall appear as a witness at the next meeting of the Select Committee on Emergency Management Oversight.

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The Acting Speaker (Mr. Percy Hatfield): The government House leader is seeking unanimous consent. All those in favour? I heard a no.

Further debate?

Mrs. Robin Martin: I want to begin my remarks by making some comments about how very strange it is to be here during this rare evening sitting amid the second wave of a global pandemic, debating whether or not we should extend the appointment of Dr. David Williams, our Chief Medical Officer of Health, for a period of just over six months.

This is a debate that's happening during one of the greatest challenges of our generation, as our Minister of Health said, and the opposition has brought forward a motion in the middle of this, or has amended this motion, to design a new process to appoint a Chief Medical Officer of Health. They're going to do this designing and blue-skying of a new process in the middle of one of the greatest challenges of our generation. I think it's patently absurd that that's what we are doing here tonight, frankly. And it's late, actually, past my bedtime. It's after 9 o'clock. I'm usually in bed by now. So I'm a little bit cross myself that this is where we find ourselves.

I read the motion. I got a copy of it from the Clerks, and I read this motion, and the motion itself is absurd. As the government House leader pointed out, it has us finally being finished, a final report, after the House has risen. It has a set-up which could lead to a potential deadlock, a likely deadlock, perhaps: four members of the government and four members of opposition and independents. So in the middle of one of the greatest challenges of our generation, a global pandemic, we could be sitting there looking at each other going, "We can't decide now what we're going to do." This is not a brilliant process that has been designed here. This is not really helpful, I think, at all. We have a Chief Medical Officer of Health here in Ontario, Dr. David Williams, someone who has ably served the people and the government of Ontario for the last five years as our Chief Medical Officer of Health, and throughout the COVID-19 pandemic to this point.

Speaker, I was not serving in this Legislature when Dr. Williams, the Chief Medical Officer of Health, was first appointed. It's true he was appointed under the previous government, following the recommendation of an all-party committee consisting of all of the recognized parties, including the member for Nickel Belt, who brought forward this motion. Yet, that very same member now seeks to sow doubt on the abilities of the very individual whose qualifications have led us through the COVID-19 pandemic to this point. I'm troubled by that, not least because it also will undermine public confidence, perhaps, in the Chief Medical Officer of Health, for no good reason.

I listened intently to what the member from Nickel Belt had to say. She read a few newspaper articles. I believe one of them was an October 19 article in the Ottawa Citizen. She said that Ontarians are hearing from too many public health officials and mayors and other people; everybody has an opinion on this pandemic. Well, that isn't a criticism of Dr. Williams. That's not Dr. Williams's fault, that everybody is opining. That doesn't mean his advice is any less good. Perhaps some of the mayors shouldn't be on TV every day advising, but that isn't a criticism of Dr. Williams.

Another thing she said was that the Chief Medical Officer of Health, in a certain case they were reading, was too much of a political animal—but that's not Dr. Williams. I don't think anyone would look at Dr. Williams and say the man is a political animal. He is not a political animal. He is an expert. He is a doctor. He is a professional. And he doesn't need to report directly to the Legislature to maintain his professional status and opinion. He's not going to tell people what they want to hear. Believe me, nothing any of us have heard during this pandemic so far is what we want to hear. We want to hear that it's over. It's not over yet. So he's telling us what we have to hear and telling us what we have to do to get better, to get through this. That is the hard work that he has been doing.

The member from Ottawa South mentioned that a few days ago on Friday, November 20—and we're now, what, the 24th. Friday, November 20, just a few days ago, the Chief Medical Officer of Health came to the Select Committee on Emergency Management Oversight and answered questions from the opposition. The member from Timmins said that we need to ask the Chief Medical Officer of Health questions: If he has the authority to do his job; how he sees things going; how they could be better; how much confidence he has. Those are the kinds of questions they need to ask him. Well, ask him. He was at the committee, and the members of the opposition could ask him whatever they wanted to and he would have answered.

Now, I have to say the poor man was tired. He's exhausted. He is working very, very, very hard. And he still came to the committee to answer the questions of the opposition. But instead of asking him the questions there that they want answers to, I guess, they asked him some other questions, and now they want to have a committee set up specifically so four of them can ask him some more questions. The government House leader just offered to have him come to that committee again to answer more questions, and he would. He probably will at some point in the future, but they don't want that. They want something different.

Hon. Paul Calandra: Delay.

Mrs. Robin Martin: So honestly—yes, probably they just want delay.

I know there was some rattling on about process, but frankly they only like a process if it gives them somebody who is going to agree with them, or, better, disagree with the government, because the member from Nickel Belt said that you can only see that the Chief Medical Officer of Health is independent if they are publicly disagreeing with the government, speaking truth to power, talking about Dr. Fauci.

Frankly, I don't want our system to be anything like what's happening in the United States right now. It's a bit of a mess. We have an independent expert Chief Medical Officer of Health who provides us expert medical advice, and he is a professional. He does not let us tell him what to do. He gives his professional opinion and, frankly, we're stuck with it, because that's his opinion. He's a professional. He is keeping Ontarians healthy and safe.

As I mentioned, he was appointed under the previous government. Nothing that the member from Nickel Belt said had anything to do with the performance of Dr. Williams. There was some vague insinuation that he may not be independent enough from the government, without a single example of where he was not being independent. That's not what this is about. They don't want an independent Chief Medical Officer of Health. They seem to want a Chief Medical Officer of Health who will agree with them or argue with the government, and that is not the definition of "independent." "Independent" is actually saying what he thinks is right, not performing for the opposition.

I think this looks like cancel culture, which we're seeing a lot of lately. Let me just give you the definition. There's no single accepted definition, but, at its worst, it's about unaccountable groups—maybe like this opposition—applying pressure to punish someone for perceived wrong opinions. The victim will end up losing their job or is significantly harmed in some way well beyond the discomfort of merely being disagreed with.

Look, I think this Chief Medical Officer of Health has done a terrific job under enormous pressure. You can't imagine the pressure that this man functions under every day. But unlike the minister, who says she knows how hard he's working, I don't work with him every day, day to day. We're not personal friends. I don't have any attachment particularly to Dr. Williams, but I can see his results. And what is leadership, especially in a public health crisis, if not to be judged by the results achieved?

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The minister talked about the results that we have achieved, and while there have been deaths and there have been cases of COVID, we are doing infinitely better than many other jurisdictions that are similarly situated. We've done pretty well. No, not everything is perfect—it never is—but we're doing pretty well as a team.

The member from Nickel Belt talked about the importance of trust and how people trust medical professionals and the Chief Medical Officer of Health much more than they trust politicians. Yes, they do. So let's leave them alone to do their medical jobs, their medical opinions, and not get these politicians interfering, because you can imagine what would happen at a committee with four members of the government, two from the opposition and two from the independents trying to appoint a new Chief Medical Officer of Health or get this one to be on their side. This is not the time for politicians to interfere in the process. Let the Chief Medical Officer of Health give his professional judgment, as he has been doing every day of this pandemic.

It's frankly funny that the member from Nickel Belt was on the original appointing all-party committee for this Chief Medical Officer of Health. In April 2009, she effusively praised Dr. Williams in the Legislature "for his dedicated service to public health in our province," for stepping up to face challenges, for "working above and beyond the call of duty." It's truly unprecedented, but sadly not surprising, to see this official opposition playing politics during such a crucial time in our province's fight against COVID-19.

We've seen it before, unfortunately. We saw it with their claims about our back-to-school plan, one developed in consultation with the Chief Medical Officer of Health and other leading health experts, and one that has, frankly, kept our students and staff safe since schools reopened in September. We saw it on Halloween, when the leader of the official opposition criticized the Chief Medical Officer of Health and his guidance about keeping children safe when trick-or-treating. And yes, we saw it when they criticized us for not closing some businesses, and then, in the very same week, criticized us for closing those businesses, those very same businesses.

Speaker, to be frank, if the official opposition's position is that our government should not be listening to the advice and expertise of the Chief Medical Officer of Health, one they played a role in appointing five years ago, then they should come out and say so. Or maybe their position is that we should do the opposite of what our Chief Medical Officer of Health recommends. Frankly, their position is not entirely clear to me, but I for one think it would be rather unusual for the opposition to suggest, in a public health crisis, that the government should not listen to the very person appointed to provide public health advice to the government or, for that matter, that we should simply change our independent advisers every time we hear something we dislike. That doesn't make them very independent. But after listening to the comments of the members opposite today and listening to their criticisms over the past few months, that seems to be what they're suggesting, and I really don't get it, Speaker.

One of the main reasons that we appoint a Chief Medical Officer of Health is to provide independent advice to the government, to the Legislature and to the people of Ontario on matters of public health, and the Chief Medical Officer of Health is appointed by this Legislature for fixed terms so that they can have the security and confidence necessary to make recommendations to the government of the day without having to worry about how those recommendations will be received by that government. That is to say, they can provide expert advice without any political pressure. So why do we want to give

them some political pressure by interfering in this at this point?

Speaker, I know it's very easy to take contradictory positions and to criticize from the opposition benches, so let's just have a quick refresh on the facts.

Before I do that, I should just take a moment to thank Dr. Williams for his continued service to the people of Ontario and for his leadership during these unprecedented times. I know it hasn't been easy. There is no shortage of ideas and no shortage of opinions, expert and amateur alike, on how the pandemic should be handled, on what actions should be taken by the government. When he signed up to be our Chief Medical Officer of Health, I'm sure he didn't expect to be serving in the middle of the largest pandemic in a generation. I'm sure he didn't expect to be doing press conferences daily and then twice a week, which he has been doing since the start of the pandemic, answering questions every day, independently, by himself with nobody else sitting there but his associate chief medical officer of health.

But to borrow the language of the member from Nickel Belt from 2009, he really stepped up and helped our province face this daunting challenge. We are grateful for his advice, his contributions and his continued hard work and expertise. So, thank you, Dr. Williams.

Since the start of this pandemic, our government has made the health and safety of Ontarians our highest priority. We are facing difficult and potentially unpopular decisions all the time, but we've put partisan political considerations aside and relied on the advice and expertise of our public health advisers, led by Dr. Williams, to help guide our response and keep our province safe. Dr. Williams's wealth of knowledge and experience has been instrumental in guiding us through these very challenging times. He understands the challenges of the pandemic and, more importantly, he understands the unique dynamics of our province's public health system with our 34 regional public health units, our 34 local medical officers of health. For better or worse, it is unlike anywhere else in Canada.

In addition to his years of service at the provincial level as associate chief medical officer of health, acting chief medical officer of health and Chief Medical Officer of Health, including during the 2009 H1N1 flu pandemic, he also served as the local medical officer of health at the Thunder Bay District Health Unit. Overall, he brings 30 years of experience in Ontario's public health system to the table, and we are benefiting immensely from this expertise.

Over the last eight months, Ontario has managed to keep our rate of total COVID cases below the national average. I think the minister mentioned in her remarks that even now in the midst of this second wave, Ontario continues to have the lowest rate of active COVID-19 cases among all of the provinces outside of Atlantic Canada. Currently, we are sitting at 89 cases per 100,000 people whereas our neighbours to the east, in Quebec, are seeing 130 cases for 100,000 people; to the west, in Manitoba, they're dealing with 621 cases per 100,000 people.

Speaker, we're not bragging about this, but it's an actual, factual reflection of where we stand today and the results that Dr. Williams and his advice have achieved. It's because of his expertise—and I want to just quote Peter Drucker, the business guru, who said, "Effective leadership is not about making speeches or being liked; leadership is defined by results not attributes." I think we owe Dr. Williams a great deal of gratitude. He's had to make a lot of very difficult decisions in a very, very difficult time. Frankly, he's done a fabulous job, otherwise we wouldn't have those results to point to. The results speak for themselves.

None of us want to be in the middle of a pandemic, but I do not think this is the time to try to rewrite a process. I think that's kind of insane, to be doing that in the middle of a pandemic. It's not something that I think is the most pressing issue for the people out there. We're here for the people. What the people are looking for is leadership and guidance through this pandemic so that we can get through it and get our economy going again, and so that people can get back to our normal lives. Let's focus on those things. That's what we need to do.

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I hope you will, with me, support the reappointment of Dr. Williams and all of the work that he is doing.

The Acting Speaker (Mr. Percy Hatfield): Further debate? I recognize the member for Scarborough Southwest.

Ms. Doly Begum: I thought we would give the House leader his wish, so I want to speak to this—and I'm sad that he's leaving as I rise to speak to it.

Interjection.

Ms. Doly Begum: Thank you.

The Acting Speaker (Mr. Percy Hatfield): Seriously, you know the rules of the House. You are not supposed to say who is here and who isn't here. Thank you.

Ms. Doly Begum: Mr. Speaker, I want to make this very clear in this House: The motion that my colleague from Nickel Belt introduced is not about whether we want Dr. Williams or not. It is about making sure that this province has transparency in the way our government is making decisions during this pandemic. It's about making sure that people are aware and that all parties in the House, which have been elected rightfully by the people of this province, have a say in a committee, within a specific deadline, as to who and how the Chief Medical Officer of Health is making the decisions that determine the way we are addressing this crisis, the way we're trying to save lives in this province.

Mr. Speaker, before I get into the debate, I want to take a moment to highlight where we are today. According to the province's data, we have 1,009 new COVID-19 cases that have been reported today. Yesterday, we saw 1,589, a record high number of cases. That has actually been the trend the last few days. We also have a 3.7% positivity rate, but in my riding of Scarborough Southwest, it's much higher. We have about 11%, when it comes to some neighbourhoods in Scarborough. Fourteen people have died since yesterday. There are 270 schools with school-

related cases, and 223 of them are students. More than 500 people are hospitalized. More than 150 people are in ICUs. Ontario, cumulatively, has 106,510 cases, which is approximately one third of all of the cases across Canada—and last but not least, we have 3,519 deaths.

Despite the months and months of—about six months, actually—we have had medical professionals call on this government to be transparent, to be prepared for this pandemic, to be prepared for the second wave. It has now been about nine months that we are into this pandemic. For the past five or six months, we knew there would be a second wave, but when it came to this government—crickets. People were left confused. People were in devastating conditions. They were given mixed messages. There were guidelines missing for religious institutions. I mean, we had golf courses that had guidelines—and I have nothing against golf courses. We had child care that did not have proper guidelines for reopening. It was a complete mess when it came to the reopening of schools. We had religious institutions that called our offices. I'm sure government members got the same calls.

All of this has to do with who is at the command table and who is making these decisions, which is why this debate is so important.

It's mind-boggling that we have this government that has left people behind, that left people on their own in the middle of a pandemic, whether it came to long-term care, whether it came to students in our schools, educators, child care workers, small business owners. People have been stranded time and time again.

We need to know how these decisions are being made and whether this government is listening. Because the way we see it at home in Scarborough Southwest is that this government has mismanaged this pandemic. They have mismanaged the finances, especially—they claim to have $45 billion that they're spending in the budget. Mr. Speaker, $45 billion to address this pandemic, and yet people are not getting the support. Day after day, we see the Premier in front of the cameras giving people confusing messages.

The question is not whether we want Dr. Williams as the chief medical officer or not. It is about how this government has mismanaged this pandemic, and who is at the command table and actually directing what's going on in this province. That matters, that really matters, because more than 2,000 people have died in long-term care. We have more deaths on the way. We have so many cases in schools. The condition of our economy is devastating.

So when we have the House leader get up, when we have members from the government side get up and continuously try to spin this argument, this debate into this idea of process—let's talk about process. Yesterday, all afternoon, we heard the government talk over and over again about how important process is, how important it is to make sure that we go through a process for any selection committee. I want to make it very clear, because the amendment that we have actually does nothing to delay this process. We know we have a chief medical officer until February. The deadline that the member from Nickel Belt has on her motion is actually mid-December.

We are asking for just a few days where we focus on all parties—a member from the Greens, a member from the Liberals, two members from the official opposition, the NDP, and four members from the government side—and all parties will come together and actually talk to the chief medical officer, who has the ginormous task right now of handling this pandemic. We understand that it's not an easy task; it's a very, very big task. That is why it's important for all parties to actually sit down and make sure that we do this right.

I was shocked, Mr. Speaker; I was shocked to see that the government actually tried to move a sudden unanimous consent motion to get this passed yesterday. It was shocking. It was shocking to see how they are taking such a big decision without actually talking to opposition parties, talking to the public, listening to anyone. We know how this government is so full of themselves that they keep applauding themselves in the way they have managed everything.

It's mind-boggling that they are talking here about this whole issue and how the NDP, how the official opposition, is trying to delay this or talk about—the way he is questioning about Scarborough Southwest or asking my colleague from Peel region to address this. But if you really look at the issue we have had at hand and see the way this government has managed some of the different regions across the province, not to mention the confusion—in Scarborough Southwest, we have some of the neighbourhoods that have been hardest hit by COVID-19, and this government is nowhere to be found when it comes to areas like Cliffside, like Clairlea, like Oakridge, like Warden Woods.

People need support, and whenever we talk and ask this government how the decision is made, they're back to, "command table." Well, who is at the command table and who's listening to who?

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There was a really interesting phrase. It was "dance partner." Tell us how the decisions are made. Why isn't the government willing to be transparent? Why isn't the government willing to share with the public whether they are taking the advice from the chief medical officer or not?

The cases that we have, the way we hear these numbers from the government, the way we hear the government talk about the amount of deaths, the amount of people affected: They have somehow changed the rhetoric and made people into numbers. Whenever we hear a comparison with other provinces, we're continuously hearing the government talk about so-and-so percentage and what's happening in long-term care. But just for once, have you considered that these are real people? These are real people who are struggling. These are real people who are in ICUs right now. These are real human beings. These are parents in long-term care, moms and dads. People have lost their loved ones during this pandemic.

We would like to know, because I think it's fair for Ontarians who would like to know, how the decisions are made—so that whether visitors are allowed at long-term care or not, how that decision is made, and why. Because

a lot of people in long-term care have died due to a lack of care, not because of COVID.

People have a right to understand what's going on. Long-term care doesn't have staff, and this government has, over and over again, talked about how they have addressed the crisis, how they have done so much to address what's going on in long-term care. Yet we are now nine months into this pandemic, and the government has yet to address the crisis that's happening within long-term care. Because what's happening with COVID, there's another reality in long-term-care homes, and now we're seeing another reality in our schools.

I can go on about small businesses and what we are seeing. The fact that there was a decision made to have Walmart and Costco and Joe Fresh and these kinds of large, big box stores open, while the small business owners, the little guys whose livelihoods are these small businesses, stay closed, shut their doors—and possibly shut their doors forever because they can't keep up with rent or make any income. The fact that that decision was made—and yesterday, we saw people on the news buying toys and TVs and all these non-essentials. Then we had the Premier stand in front of the camera and try to defend this decision.

How was that decision made? Why is the local business in my riding of Scarborough Southwest forced to close while Walmart and Joe Fresh are allowed to open? Why is that right? How is that decision made? Because that's not fair, Mr. Speaker. That is not fair, and people deserve to know how these decisions are made, because what we know is that the Premier's buddies, the Premier's war room staffers, are the lobbyists who are actually making the decisions when it comes to Walmart being open, for example. The lobbyist for Walmart is a former staffer of Premier Ford. So are the decisions actually being made using the advice from the chief medical officer, or are decisions being made by the friends and the lobbyists and the close staffers of the Premier?

People deserve to know the truth. People deserve answers. Hearing government members—the House leader was angry. He's angry that we proposed this motion. Well, I'm sorry you're angry, but people are literally dying. People are losing their livelihoods. If you're angry, I don't know, maybe choose a different profession. Because the people that you represent in your riding, the people that we all represent in our ridings, deserve to know the answers to the questions that they have.

This, right here, is a big decision, and there are a lot of questions right now at hand. Without answering these questions, without having that committee that actually sits together, comes together, and all parties come together—and I'm not saying that it has to be just the opposition. I'm not saying it has to be one party. I'm saying all parties come together. It's the reasonable thing to do. It is the wise thing to do. People deserve to know these answers.

Frankly speaking, it would actually help the government. It would actually help the chief medical officer, because right now, we have a lot of media. We have a lot of media articles, a lot of people who are questioning what's going on and how decisions are made across this province. Having an all-party committee that goes through this process, having transparency that allows people to find answers to their questions will allow people to gain trust again, will allow people to actually have faith in this government—and right now, people don't have that faith.

When I hear some of the members talk about—they go on praising the work that they have been doing, the chief medical officer; it's really interesting how they want to play this identity politics, this sort of politicizing of all the issues we have in this House.

Interjection.

Ms. Doly Begum: Continuously, yes. Everything is political.

Hon. Prabmeet Singh Sarkaria: You're politicizing all over the place—

Ms. Doly Begum: Everything is political. But right now, people—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Order, please.

Ms. Doly Begum: —across the province are struggling. I have to—

The Acting Speaker (Mr. Percy Hatfield): Stop the cross-aisle chatter. Order, please.

Ms. Doly Begum: I have the minister for small businesses and red tape reduction heckling me right now because I questioned how they're politicizing this. Just the other day, when I asked him about workers, about workers at Cosmetica, 180 workers from Cosmetica who were fired—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Excuse me. Excuse me. This is going to stop. We've got a long ways to go tonight, and we're not going to go in this direction. Social-distance yourselves, keep your comments to yourself and we will get over this. Thank you.

Back to the member from Scarborough Southwest.

Ms. Doly Begum: Mr. Speaker, it's heartbreaking. It's heartbreaking to hear members and ministers try to politicize this, because just the other day, we found out that the minister for small business and red tape reduction visited a company, a makeup factory in Scarborough that was allowed to stay open—a makeup factory, Mr. Speaker, one that makes lipsticks, foundation etc. that was allowed to open because this minister allowed them to stay open. How was that decision made? How was that decision made?

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Order, please.

Ms. Doly Begum: Now they will try to heckle me because I clearly hit a nerve. I clearly hit a nerve because 180 workers were fired—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Maybe my voice isn't loud enough. When I say this is going to stop, it is going to stop or some people making noise will be out of here for the rest of the night. Maybe that's what you

want. Give me a signal and I will be able to help you out with that. In the meantime, let's tone it down. We will get through this.

Back to the member from Scarborough Southwest.

Ms. Doly Begum: Thank you, Speaker. I think I actually hit a nerve. I think there is a point, there is a reason why the government doesn't want this motion to go through, because we really need to know why factories like Cosmetica, that makeup factory was allowed to open, while other businesses are told to shut down; why Walmart is allowed to stay open when businesses in my riding are told to close their doors; when we know ministers are visiting factories like Cosmetica, when we have workers who have complained about the working conditions there, and then we have—

Interjections.

Ms. Doly Begum: I want to finish my thought. I want to finish this because this is important. It's important to me; it's important to the people of my riding. One hundred and eighty hundred workers were fired, and we are fighting to get an ROE, a record of employment, from this government, from Cosmetica. Unfairly, they were fired, and now Cosmetica is hiring agency workers, when this government was completely fine with it; they had a visit, actually, to Cosmetica.

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It's interesting how the government tries to shut me down while I'm trying to point this out. If we had transparency, Mr. Speaker, we would know how these decisions were made. We would know who is making these decisions, and the people of this province would get answers. It's the least we could do. They were the ones who elected us to do this job right here, Mr. Speaker.

The Acting Speaker (Mr. Percy Hatfield): Thank you.

Hon. Paul Calandra: Point of order.

The Acting Speaker (Mr. Percy Hatfield): I recognize the government House leader on a point of order.

Hon. Paul Calandra: I'm concerned that the member thinks that we're trying to shut her down, so I seek unanimous consent to allow her to continue her speech for 20 minutes.

The Acting Speaker (Mr. Percy Hatfield): The government House leader is seeking unanimous consent to allow the member from Scarborough Southwest to speak for another 20 minutes. Do we agree? I've heard a no.

Further debate?

Mr. Mike Schreiner: I rise to debate this motion. Speaker, I want to make an important point: that I believe we owe it to Dr. Williams to have a responsible process, or at least an all-party conversation to decide whether or not to extend his contract for another six and a half months. I think we have a responsibility to the people of Ontario to get this right, and a responsibility to Dr. Williams to get this right. It's because trust and unity, physical distancing and social solidarity are essential to combatting this virus.

Putting forward a motion like this without consulting any opposition members and then forcing a debate through a frame of "either you're for or against the Chief Medical Officer of Health" puts Dr. Williams in an incredibly difficult position. I think he deserves better, regardless of the outcome of this particular vote on this motion. I don't understand why we couldn't have had a conversation about how to do this, how to do it right, how to do it in a responsible and respectful way that did not put Dr. Williams through a public airing of a personnel matter. That's why we have a process in this Legislature, an interview process when we hire officers of the Legislature. We have an in camera interview process precisely for the reason of what we're experiencing tonight, Speaker.

To get through this pandemic, as much as possible we need to avoid politicizing the Chief Medical Officer of Health, and it's incredibly hard to do that when emotions are running so deep among the public. Some people are opposed to lockdowns and opposed to wearing masks, and they're angry at the Chief Medical Officer of Health. Others want more aggressive action and stronger lockdowns, and they're angry at the Chief Medical Officer of Health. It puts him in an incredibly challenging position; he's getting it from all sides.

And now, what worries me the most is that there are some highly respected public health officials out there who have some questions, some questions I would like to ask as we make this really crucial and important decision, because as much as possible, we need the chief medical officer of health, to know that everyone in this House—or at least as many people as possible in this House—have his back. I think he deserves better than what's happening tonight, Speaker.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Jeremy Roberts: It's an honour to rise on this motion. I want to start, Mr. Speaker, through you, to do something that I think is very, very important, and that is to thank Dr. Williams on behalf of all of the people of my constituency of Ottawa West–Nepean for the tremendous job that he has been doing as the Chief Medical Officer of Health for the province of Ontario, not just through this pandemic, but throughout his distinguished career. So to you, Dr. Williams, regardless of the debate that's happening tonight, thank you so much for the work that you are doing.

Now, Mr. Speaker, I arrived in this chamber only two years ago, elected in June 2018 and still a relatively new, fresh member here in this Legislature. But tonight I find myself in this chamber feeling an emotion that I have not felt here before: I am flabbergasted. Honestly, Mr. Speaker, I'm flabbergasted. I figured tonight, with this motion coming forward, we are extending the Chief Medical Officer of Health's contract for an additional period of time because we are in the middle of a pandemic, and we should have continuity and shouldn't be changing who we have.

I figured this motion would come in here tonight, we'd have unanimous support, we would clear it through and we would be out of here at a regular time. Instead, we find ourselves here debating this motion that has come forward from the opposition, who don't want to speedily reappoint

this Chief Medical Officer of Health who has been doing a phenomenal job. They want to introduce some sort of convoluted new process here. They want a committee which is going to have equal representation from the government and opposition, even though the government has a majority in this chamber—that's a fairly recognized fact—so this committee could theoretically find itself in a situation of deadlock which could leave us without a Chief Medical Officer of Health. This committee is apparently going to report back when the House isn't even sitting, so we would have to bring people back in at a different time.

All of these things don't make any sense, and again, we have a simple job here today. This fellow is seeing us through this global pandemic. Let us thank him, get him reappointed for this period of time, and get on with this business. Is the question that he isn't qualified? Because, my gosh, he is qualified. We need only to look at the job that he has been doing over the past couple of months, seeing us through this global pandemic and the significant challenges that that has posed for the people of Ontario. I cannot even fathom that that would be the reason.

The opposition seems to suggest that perhaps it's a matter of transparency, but this does not hold up to scrutiny, either. First of all, when we talk about transparency—I don't know if the other members in the chamber watch the same press conferences that I do on a pretty much daily basis, but the Chief Medical Officer of Health is a very regular figure at these press conferences, answering questions from the media, demonstrating his transparency, making sure that he is responding to the questions and issues that the people of Ontario have. On the transparency front, that is already there.

Now, let's talk about legislative transparency, Speaker. Beyond just Dr. Williams taking time to come and appear before the media, he also has taken time to appear before our Select Committee on Emergency Management Oversight and answer questions from members of this House. This just happened recently. The members of the opposition had an opportunity to ask Dr. Williams questions about his performance, about our performance in Ontario. Why in the world would we need to strike a whole new body that doesn't reflect the makeup of this Legislature, in terms of, again, government having a majority? Why in the world would we do this?

And then our House leader comes in and suggests, "You know what? Okay, the opposition want a little bit more transparency. They want to have an opportunity to question Dr. Williams a little bit further. Perhaps they do have questions about his qualifications." I can't imagine why you would, given that Ontario has been performing as well as can be expected in this pandemic. But if they do have some questions, the House leader came into this chamber and said, "You know what? We will get Dr. Williams back up in front of that committee, so you will have that opportunity." And the opposition declined. They said, "No, thank you. We still want to go with our process," which could result in a situation where we don't have a Chief Medical Officer of Health in the middle of a pandemic.

Again, I honestly just find myself so flabbergasted that we are even here having this debate right now, when this should have been resolved a couple of hours ago. But I suppose we shall continue with this debate since that's what the opposition wants to do.

2200

I want to talk a little bit about Dr. Williams's qualifications and him being our Chief Medical Officer of Health, because, again, I think that's the crux of the issue here tonight: whether or not we think that Dr. Williams is qualified to continue on in this role for an additional six months.

I pulled up Dr. Williams' CV, and Dr. Williams is, I would say, an extremely qualified individual. Looking through his CV, we see that he served as the local medical officer of health for Thunder Bay for two stints, actually. He started in 1991—a great year, if I do say so myself—and served from 1991 to 2005, and then returned again to Thunder Bay from 2011 to 2015.

Here in Ontario, he served as the associate chief medical officer of health for infectious disease and environmental health—pretty helpful that he has a background in infectious disease, I would say—from 2005 to 2011, which included a brief stint where he held the role of acting chief medical officer of health for Ontario. So not only has he held the role here permanently from 2016 onward, but he also held a stint in that role in an acting capacity.

Before this, he was a GP and a GP anaesthetist—I think I spat that word out right—in Sioux Lookout. Obviously, I think most of us here in this chamber know that practising health care up in our northern Ontario region requires a specialized expertise and an ability to adapt to a sometimes difficult environment, so great experience there on the ground. Beyond this, he also—this was something I didn't know—did a stint in international health with the UN mission in Nepal. So again, great experience.

Then we look at his education background: a graduate of the University of Toronto; he holds a bachelor of science; his MD. Then, on top of his MD, as if that wasn't enough, he holds a master's in community health and epidemiology—kind of helpful in the middle of a pandemic—and also fellowships in community medicine, public health and preventive medicine.

On top of all of this, he has just spent the past 10 months helping us navigate a global pandemic, the likes of which many of us haven't seen in our lifetime.

So why do the opposition have nothing to say on his qualifications? If they do not think that he should get this reappointment for the six months, is it because they're concerned about his qualifications? Because the qualifications, to me, seem pretty cut and dried. This is an incredibly talented man who has not only devoted his life to health care, which is a noble calling in itself, but, beyond that, dedicated his life to public service and stepped into the role of policymaking to say, "Not only do I want to care for a patient, I want to make a better health care system for all Ontarians." That is an incredibly, incredibly noble endeavour.

Frankly, Mr. Speaker, the fact that Dr. Williams is willing to take on this reappointment is something that we should all be celebrating tonight, because, my gosh, after the trials and tribulations that we've all gone through over the past 10 months, I can barely imagine what it's been like for him: leading our team at the command table; working with all of the sub-tables on modelling and the sub-tables on education and on various other areas that we have; and working with all of our wonderful Chief Medical Officers of Health right across the province. I mean, the man should have a big poster of Atlas in his office, because that's basically what he has had to do, along with all of these medical professionals, over the past number of months: hold the weight of the world on their shoulders. And this man, when given the opportunity to retire, said, "You know what? No, I'm going to stay on, because I want to help see Ontarians through this," and that is something that we should be thanking him for and speedily, speedily reappointing.

Speaker, I want to talk briefly about a wonderful book that I had the chance to read a number of years ago that I've thought of quite often over the past several months, throughout the pandemic. The book is called The Honest Broker. The book talks about how scientists can best engage with public policy-makers.

In his book the author, Roger Pielke, argues that there are four types of scientists that often engage with policy-makers. There are what he calls the pure scientists. These are folks who seek to focus only on facts and have no interaction with the decision-maker. They use an example throughout the article of talking about a doctor who is treating a patient who has a fever. He says, "The doctor might publish a study that shows that ibuprofen is an effective medicine to reduce fevers. That study would be available to you in the scientific literature."

That's the first type of scientist.

The second that he identifies is the science arbiter. This person "answers specific factual questions posed by the decision-maker. You might ask the doctor what are the benefits and risks associated with ibuprofen versus acetaminophen as treatments for fever...."

The third is the issue advocate. The issue advocate "seeks to reduce the scope of choice available to the decision-maker. The doctor might hand you a packet of a medicine and say, 'give this to your child.'" The doctor could have many reasons for why he does this.

The fourth type of scientist that engages with decision-makers—and this is the one the author focuses on very heavily—is called the honest broker of policy options. The honest broker "seeks to expand, or at least clarify, the scope of choice available to the decision-maker. In this instance the doctor might explain to you that a number of different treatments is available" for fevers, "from wait-and-see to taking different medicines, each with a range of possible consequences."

Roger Pielke in this book talks about policy-makers. What we really need are honest brokers when we look to people in the scientific field to give us evidence. I've been watching closely the performance of our medical officers, our scientists that we've been working with throughout this pandemic, and I think in Dr. David Williams we have found ourselves an honest broker, the gold standard in the type of medical, scientific professional that we want to work with as policy-makers.

He is somebody who has consistently worked with cabinet, worked with the command table, worked with the various cabinet subcommittees that exist on emergency management, etc. etc., to expand the scope of options, make sure that policy-makers, cabinet ministers and legislators have the necessary information to make an informed decision guiding us. The Premier has mentioned this numerous times in his words of praise of Dr. Williams. The Deputy Premier and Minister of Health has also said the same.

Again, we find ourselves here in a situation where we have been fortunate to stumble upon, in the middle of a pandemic, the gold standard in scientific advisers in Dr. Williams. I think that tonight should have been a clear, cut-and-dried "let's get this guy reappointed." And when it's socially appropriate, too, we should throw a party for him as well, frankly.

I want to talk now a little bit about the evidence of Dr. Williams's handling. We've talked about his qualifications, but perhaps the opposition also have issues with his performance as Chief Medical Officer of Health. Again, I would assume they would have asked these questions at committee last week or they would take up the opportunity that the House leader graciously provided to question him at a future date, if they so wish, but let's take a look at what the record says.

First of all, let's take a look at testing. In Ontario we are a leader in testing. We started with 4,000 tests and we have increased that tenfold, to 40,000 tests completed, here in the province of Ontario. That is a huge number and a number that we should be proud of. Again, that is thanks to the advice and diligent work of the team under Dr. David Williams, and something that he should be proud of as part of his record.

Secondly, let's take a look at that first wave we went through—and again, the numbers speak for themselves. We were able to successfully bend the curve of the first wave. We were able to reopen some portions of the economy over the summer, giving some of our struggling small businesses a chance to have a short reprieve. Dr. David Williams provided us advice, and we were able to act on that, and we had good success in bending the curve of the first wave.

2210

Now let's look at schools. Dr. Williams and his team and all of the medical professionals we have been working with have been working extremely closely with our Minister of Education to ensure that Ontario is leading the pack amongst Canadian provinces in a safe reopening of schools that protects our children, and to make sure that we are in a good position. On a daily basis, the Minister of Education has risen in this chamber and has been able to reassure parents that we are seeing good numbers across the province in terms of any outbreaks at schools. From

what I recall from yesterday, I think it was 99.95% of schools that did not have active cases at this time—again, fantastic numbers out of education, thanks to the advice of this Chief Medical Officer of Health and his team.

Now let's look at another metric, in terms of the number of active cases per capita. When we take a look across our country, we have Manitoba with 593 per 100,000; Alberta, 279 per 100,000; Saskatchewan, 228 per 100,000; B.C, 151 per 100,000; Quebec, 131 per 100,000. Do you think Ontario is higher than Manitoba or lower than Quebec? We're actually lower than Quebec. We only have 89 per 100,000. We are actually doing the best amongst Canadian provinces outside the Atlantic bubble. Again, on this other metric of active cases per capita, based on the metrics, we are doing well.

I go back to that word I started with at the beginning of this debate: "flabbergasted." We could use a number of synonyms. We could say "dumbfounded" or "astounded" or "astonished"—all of these words summarize how I'm feeling right now, looking at the clock, seeing us standing here at 10 p.m., when we could have done this hours ago and voted for the reappointment of a man who is qualified; a man who, by a number of key metrics, is showing that we are doing as well as we can be in managing this pandemic; a man who, when you look at scientific literature about what sorts of scientists we want to work with, meets the gold standard as an honest broker. By all of these standards, this is the sort of person we should be reappointing as our Chief Medical Officer of Health. We should be honoured to have him for another six months.

I know the people in Ottawa West–Nepean are in fact very thankful and are extremely happy that our government is pushing forward to renew this contract, to make sure that Dr. David Williams can stay on in the role that he has been doing admirably for the past number of months.

Speaker, we still have a lot of work to do. We have some positive news coming out on vaccines from all around the world, from some of the various companies. My alumnus at the University of Oxford—they're amongst them, driving forward with a COVID-19 vaccine. We're going to have figure out how to distribute that. That's going to be a difficult task. But I know that I will feel confident with Dr. David Williams continuing to be at the helm, as we embark on this next six months of COVID-19 recovery.

I hope that we can quickly resolve this, get out of here, congratulate Dr. David Williams and move forward.

The Acting Speaker (Mr. Percy Hatfield): To correct the record, we're closer to 10:15 than 10.

Further debate?

Mr. Kevin Yarde: I'm so glad to rise today to speak to this motion from my colleague from Nickel Belt, and to get an opportunity to talk about how things are going in Peel region and how things are going in Brampton. As we all know, we are now in a lockdown in Brampton.

First of all, let me talk about some of the things that the government has not been doing which has led us to this situation here. Back in the summertime, Mr. Speaker, the government could have introduced more regulations and rules that would have ensured that we wouldn't be here in the lockdown that we are in right now in Peel and in Toronto.

So what happened in terms of long-term care? We have seen many elderly people die. This government had the chance, after the first wave, to initiate programs and protocols that would protect the elderly. They failed to do so. Many people, parents, children have seen their grandparents perish. This should not have happened, Mr. Speaker. The government should have instilled protocols and made sure that there were enough PSWs available to make sure that we wouldn't see the deaths that we are seeing in the long-term-care homes.

Schools: As we've seen, cases continue to rise. This government decided to keep the schools open. Unfortunately, we have seen one death from an educator in one of the schools in the GTA. Students are coming home with COVID. We know this. Students are being treated as guinea pigs. I wonder, Mr. Speaker, whether this was the whole idea of this government in the first place by keeping the schools open. In Brampton, many schools have COVID cases, and the numbers continue to rise.

What we have seen lately is more and more parents pulling their children out of the schools because the government is not doing the right thing. More and more students are now going online for their education because they don't feel safe being in the schools, and the reason why they don't feel safe being in the schools is because this government has failed to do what we asked and what the population of Ontario has asked and limit the amount of students per class.

We've asked this government to limit the amount of students to 15 students per classroom. Look around Ontario, look at all the schools, and you'll see more than 15 in a classroom—sometimes 20, sometimes 25, sometimes 30. Teachers are scared. Parents are scared. Students are scared. They should not be put in a situation where their lives and their health are at risk. So I wonder why, and I wonder who made that decision.

This comes back to the motion on whether or not to extend the Chief Medical Officer of Health's position. Did the Premier make these decisions on his own? Were these decisions made in conjunction with the Chief Medical Officer of Health? We don't know, and the reason why we don't know, Mr. Speaker, is because everything is being done behind closed doors. There is a gag order on people who are in these rooms and—what's it called?

Mr. Wayne Gates: Command table.

Mr. Kevin Yarde: Command table. There's a gag order on the command table, so we don't know what is being said, who is giving the directive and how the final decisions are being made. This is very important, and this is one of the problems we've been seeing with this government.

Now, we've seen in the last little while the decision to allow Costco and all the big box stores to remain open, or most of the big box stores—the Costcos, the Walmarts—to stay open. Meanwhile, the small businesses, the mom-

and-pops, have been told in Peel region and in Toronto that they have to close their doors. This, Mr. Speaker, is not right. It is wrong. The reason that they give us for having Walmarts and Costcos open is a logistical concern. Yes, they have essential goods in Costco, but their concern—the government says they have to remain open because they can't cordon off an area where there's clothing, where there's electronics, where there are bicycles. I say hogwash, Mr. Speaker. This can be done.

2220

Mr. Wayne Gates: They don't want to.

Mr. Kevin Yarde: Exactly. The government does not want to do it.

Who is going to suffer, and who is suffering? The small businesses. They're suffering to the extent that we've already lost many small businesses, and as we go through the holiday season, as we go through Black Friday, these businesses in Peel and Toronto will remain closed and won't have that opportunity that these big box stores will to make a profit and to succeed.

I want to know who made that decision to keep the big box stores open in Peel and Toronto and to close the mom-and-pop stores. That's at the crux of our motion: We don't know who's making these decisions or how these decisions are being made, so we need to find out.

The last thing we want to do is to end up like what's happening south of the border, but in terms of our cases, there is a good chance, as we continue to see the numbers rise. The last month or so, our numbers in Ontario have been between 1,000 to 1,500 or even more, and they continue to grow. There is a chance that by mid-December, we could be looking at cases in the 6,000 range. That is why we need leadership at the top with regard to our Chief Medical Officer of Health: Our numbers continue to spiral out of control throughout Ontario.

I want to talk a little bit more about Brampton: Brampton North and Brampton northeast. We are still a hot spot, and we have been a hot spot for quite some time. The reason why we're a hotspot is a multitude of reasons. Unfortunately, if you go online, you'll hear a lot of nasty comments about Brampton, racist comments about Brampton and why we can't get it right, why we are flaunting what we're supposed to be doing in terms of contact tracing, in terms of washing our hands and wearing face masks and all that. That could not be further from the truth. That is not what's happening in Peel region. That is not what's happening in Brampton.

If you look at what's going on in Brampton, we are the engine of Ontario, and in some cases, in Canada. We have truck drivers who go from Brampton to California. My neighbour in Brampton North is a long-haul truck driver. I spoke to him the other day, and I said, "Aren't you concerned about going to the United States?" He is concerned, but he has a family to support. He has a wife, two children, and he can't stay home. Many of the people in Brampton can't stay home because we are on the front lines. I asked him, "What do you do in terms of staying safe, staying secure?" He says he follows all the guidelines, but he's still concerned that he could contract COVID-19 when he goes to the United States and comes home. But he needs to put food on the table, he needs to pay his mortgage; he needs to pay for his children's education. These are the types of people that live in Brampton.

We have 116 confirmed cases in our factories in Brampton—116. Many of these workers are marginalized. Many of these workers take the bus, the transit, to get to the factories. We know how concerned everybody is about taking public transit, but in Brampton, they have to do that; not everybody has a car. So that is another reason why we have seen our cases go up.

Our factory workers are concerned. If they don't go to work, they could lose their job. If they don't go to work, they don't get paid. This government has failed to provide and support workers so that they can stay home. What we need are sick benefits, what we need is sick pay so that people can safely stay home—for themselves, and for their co-workers. So I want to know, and this comes back to the motion as well, again, who decided on the sick benefits, or the lack of sick benefits, to be awarded to people in Ontario? That's what I want to know.

What we need in Brampton and in Peel region is isolation sites. There is one isolation site and it's in Mississauga, which is to be used for everyone in the Peel region. Unfortunately, the highest cases—the hot spot in the entire country and in the province is in Brampton northeast, in my colleague's riding. That's where, Mr. Speaker, we should have the isolation site. We can't expect people to hop on the bus and travel 45 minutes to Mississauga to get tested and to be isolated. It's just not going to happen. We need this government to step up, to fund an isolation site in Brampton northeast, and I'm asking them right now: Will you do that? Because that is exactly what we need if we want to control this virus, if we want to control this pandemic.

Mr. Speaker, I spoke to our chief medical officer of health, Dr. Lawrence Loh, prior to me coming here and bringing forward my motion—this was over a month ago—asking this House to provide support and assistance to Peel Public Health. At first I thought, "You know what? It's not going to pass. It's not going to go through. We know the way this government works. They reject everything that we bring forward." But you know what? I was shocked when, unanimously, my motion passed. All of the members—of the Conservative side, the Liberals, the Greens, my members of course—all unanimously supported my motion to provide supports for Peel Public Health. This was well over a month ago.

Actions speak louder than words, Mr. Speaker, and we have seen no action to assist Peel region from this government. I guess I shouldn't have held my breath, knowing that this was going to happen anyway. When we bring forward motions, to people at home listening, generally speaking, they're going to agree to it—just like the motion the other day regarding the Christian college, which I'll get into in a moment.

We need, in Brampton—after speaking to Dr. Loh—enhanced contact tracing. We need proactive workplace

inspections so the people who are going to warehouses will know that they'll be safe and they'll be secure. We need funding. We've been saying this since day 1. The member just mentioned that he's a new member; I'm a new member as well. Since day 1, we've been advocating for funding for hospitals in Brampton, for a new hospital in Brampton. This government says they're going to fund a hospital in Brampton. About a week and a half ago, they mentioned that. It was all over the media, all over the news in Brampton. People were excited. People were elated.

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However, myself, the member for Brampton Centre and the member for Brampton East stepped back and said, "Hold on. Wait. We understand you're excited."

Mr. Wayne Gates: But not so quick.

Mr. Kevin Yarde: But not so quick; exactly.

"The most recent budget has no funding in it—"

Mr. Wayne Gates: Surprise.

Mr. Kevin Yarde: Surprise—"for a hospital in Brampton." So we had to tell it like it is, because this government, for the most part, does not tell it like it is. The media were shocked. People in my community of Brampton North were shocked. "Really? Is that so?" "Yes, it is. That's the case." They say one thing and they do another.

So let me get back a little bit more to talk about the motion. Mr. Speaker, we must get the best candidate. Not once did we talk about the Chief Medical Officer of Health's qualifications—not once. They bring it up; we don't talk about it. What we need is to make sure that we get the Chief Medical Officer of Health, and we can't delay making that decision. And that is why we are here today.

There has been, over the last several months, confusion as to who is running the show. It's not just us—and for the most part, it's not us; it's physicians, it's the public, it's the media. We don't know if the decisions are coming from Dr. Williams or Dr. Ford. We don't know.

Once again, it comes back to transparency, and we don't have that, Mr. Speaker, and the reason why we don't have that—because what was the name of it again?

Interjection.

Mr. Kevin Yarde: Exactly.

So since we don't know what's going on in these meetings and we don't know who is making these decisions, we need transparency. We need to bring in a Chief Medical Officer of Health who is not beholden to the government. The members may say he is independent, he makes his own decisions, but who are we kidding? Who are we fooling? We know that's not the case, and we've seen that. It is confusing for me, and I think for many members here, the set-up with the orange, the red and the different colour codes, as to what that means and how it plays out in Ontario. If I'm confused, then the public is confused. We need to know who made that decision at the command table to bring in the colour-coded pandemic scale. These are things that confuse not just us but confuse the media and also confuse the general population.

The motion my colleague from Nickel Belt brought in is not whether we want the Chief Medical Officer of Health; it's making sure that we have somebody there who is not beholden to the government. That's the crux of it, because we've seen too often decisions being made that just don't make any sense. They make no sense, Mr. Speaker.

I could speak for another hour, which I'm sure the government House leader would like me to do, but I'm not going to give him—

The Acting Speaker (Mr. Percy Hatfield): Thank you.

Before I call for further debate, I want to recognize the government House leader on a point of order.

Hon. Paul Calandra: Mr. Speaker, I seek the unanimous consent of the House to allow the member for Brampton North to speak, and to grant his wish to allow him to speak for another hour.

Interjections.

The Acting Speaker (Mr. Percy Hatfield): I'm getting tired.

The government House leader wants to seek unanimous consent to allow the member from Brampton North to speak for another hour. I've heard a no, and we'll move along to further debate.

Hon. Paul Calandra: Point of order.

The Acting Speaker (Mr. Percy Hatfield): Point of order: the government House leader once more.

Hon. Paul Calandra: Mr. Speaker, given that the member for Brampton North has indicated that he has split from his party and wants a new Chief Medical Officer of Health, I seek unanimous consent of this Legislature to extend tonight's sitting to 3:30.

The Acting Speaker (Mr. Percy Hatfield): The government House leader is seeking unanimous consent to extend this session of the Legislature until 3:30. I've heard a lot of noes, so that's not going to happen.

Further debate?

Hon. Paul Calandra: Point of order.

The Acting Speaker (Mr. Percy Hatfield): I recognize the government House leader on a point of order.

Hon. Paul Calandra: In light of the fact that the NDP have denied that point of order, I would seek unanimous consent to have this House sit until 2 o'clock this morning.

The Acting Speaker (Mr. Percy Hatfield): The government House leader—I've already heard a no. Are you going for another one, or are we going to do further debate?

Interjection.

The Acting Speaker (Mr. Percy Hatfield): Further debate? I recognize the member from Whitby.

Mr. Lorne Coe: I'm pleased to join the debate this evening to discuss the official opposition amendment to the government motion to reappoint Dr. David Williams as the Chief Medical Officer of Health of Ontario.

Speaker, what's clear is that since we became aware of the emergence of the virus that would become known as COVID-19, our Premier, our Minister of Health and our government have made the health and well-being of Ontarians, especially our seniors and our most vulnerable, our top priority. That's a priority that all of us in this

chamber have aspired to in our careers as both members of provincial Parliament and, in your case and my case, as municipal politicians as well: the safety of our constituents going forward.

I come to this debate tonight not only as the member of provincial Parliament for Whitby and the chief government whip, but as someone, earlier in my career, who was the president of the Association of Local Public Health Agencies of Ontario. I also worked for a period as a civil servant in the Ministry of Health.

In the course of our discussion on the debate today, and in particular discussion about health care being our top priority, we've only been able to take the actions that we have because of the excellent advice of our public health experts and the transparency that they've used in communicating that. No one's advice has been more critical—absolutely no more critical—to this effort than that of Dr. David Williams, Ontario's Chief Medical Officer of Health.

Speaker, when you turn to the amendment from the official opposition, it's clear to me as I read it that it has inherent risks. It's cumbersome, and it has—and this is really critical—uncertain outcomes.

Again, when we look at the global health care of our constituents, while our government was not the one that originally appointed Dr. David Williams, we have certainly been beneficiaries of his expert advice. As my colleague the Honourable Christine Elliott, the Minister of Health, noted in her remarks earlier tonight, his wealth of knowledge and experience has been instrumental, absolutely instrumental, in guiding us through these extraordinary times.

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What's clear as we debate tonight is that no one could have foreseen, Speaker, when he agreed to take this job five years ago, that we would be in the midst of this pandemic. And the reality is his current term is coming to an end in February. What's apparent to all of us is, and I'm sure the members opposite would agree with this, this timing is less than ideal. I know you would agree.

As our government continues to manage the second wave of COVID-19, it is more important than ever that our province has experienced, stable public health leadership, someone who understands the unique challenges of this pandemic, someone who understands and has experience working on both sides of the province's complex public health system. It's an absolutely distinctive structure that currently has 34—

Interjections.

The Acting Speaker (Mr. Percy Hatfield): Order, please. Opposition members, there are too many private conversations going on. Thank you.

Mr. Lorne Coe: Speaker, it's a distinctive structure that currently has 34 public health units and 34 local medical officers of health. You step back, you make your assessment. Dr. Williams has that experience.

Let's pause for a moment and look at that extensive experience: our Chief Medical Officer of Health for five years. Before that he served for two years, from 2007 to 2009, as the acting chief medical officer of health, right as Ontario was facing another major public health challenge with the H1N1 flu epidemic. Speaker, you'll remember that and the challenges inherent in that. He served for many more years as the associate chief medical officer of health for Ontario and as the local medical officer of health for Thunder Bay District Health Unit.

What's clear when you look at all and consider that experience is that he understands our public health system. He understands public health and he understands the gravity of our current situation, the gravity of our decision this evening, the gravity and impact of getting this decision right, the gravity of protecting all of whom we're sworn to protect. We need to get this decision right, tonight.

Speaker, to change direction in the middle of a pandemic, to have someone learn a new role by trying to manage the tremendous responsibility that Dr. Williams currently finds himself shouldering would be challenging, to say the least. When the health and well-being of Ontarians is at stake and when we have someone currently in the position who has already done the job at a high level, it's clear what direction we should be moving in. The concept, as it's articulated in this particular motion, that we should simply start this process again is deeply disturbing. We're in the middle of phase 2 of the pandemic and all of what that's bringing in all of our municipalities and all of our ridings across Ontario.

What I find troubling also, Speaker, are the remarks and comments I've heard tonight from the official opposition. I want to remind this House that Dr. Williams was first selected under the previous Liberal government through an all-party selection process. The member for Nickel Belt, who tonight spoke about the opposition day motion, had this to say, Speaker. This was after Dr. Williams's first stint as our acting medical officer of health, and I would like to quote:

"I want to thank the outgoing Chief Medical Officer of Health, Dr. David Williams, for his dedicated service to public health in our province. Dr. Williams faced some daunting challenges during his term, and certainly rose to meet them, working above and beyond the call of duty. For this, everybody in Ontario is grateful to you, Dr. Williams."

Dr. Williams, if you're watching tonight, Ontario residents are still grateful for your service. Ontario residents say thank you for all of what you've accomplished and still do.

Speaker, absolutely nothing he faced in his first term compares to the daunting challenges Ontario is facing right now. Each of us as legislators is living it, breathing it, every day, every night, every week and every month in our ridings. We feel it.

And while the members opposite may not be grateful for Dr. Williams's efforts, for his advice, for his sterling leadership during the pandemic, I know our government is and the people of Ontario are; the people I have the privilege of serving in the town of Whitby and across the region of Durham are.

Thank you, Dr. Williams.

Because of his advice, our government has made some of the hardest decisions that any government can make, under the leadership of Premier Ford and his cabinet—decisions that mere months ago we would have never even considered.

Thank you to Premier Ford and his cabinet for their leadership, their passion and their caring for the 14 million people who live in our province.

In January, we were the first province to enact a regulation listing novel coronavirus as a disease, and as a disease of public health significance, which it is.

In March, we were the first province in Canada to close our publicly funded schools, based on that very same sound medical advice—and that sound medical advice continues.

Speaker, we introduced stronger restrictions on gatherings, we closed non-essential businesses—and on other venues where the risk of the spread of COVID-19 was a clear and present danger.

Then, we worked collaboratively with the Chief Medical Officer of Health to loosen those restrictions where and when it was safe to do so.

In consultation with Dr. Williams and other health partners, we put together a nation-leading plan to ensure our schools could reopen as a safe place for our children and our grandchildren, putting in place measures to limit COVID-19 transmission and outbreaks. That particular plan is succeeding across this province.

Most recently, Dr. Williams took a leading role in the development of the Keeping Ontario Safe and Open framework, introducing preventive measures earlier to allow for additional public health and workplace safety measures to be introduced or removed incrementally. That is making a difference across workplaces here in Ontario. Dr. Williams has likened this strategy to a dimmer switch, enabling measures and restrictions to be increased, and giving individuals and families the information they need to adjust their activities and interactions, based on local, sound data.

In my case, in the region of Durham, that's led by Dr. Robert Kyle, our medical officer of health. Dr. Kyle is also a past president of the Association of Local Public Health Agencies of Ontario. In fact, he stepped down last year. I spoke recently to Dr. Kyle about the work that we're doing here in the province of Ontario, and I speak regularly with him about the impacts of that work.

2250

Speaker, you know that the region of Durham has 700,000 people in it. It's the largest region in the province of Ontario. It's a very diverse region, and we're anticipated by the year 2031 to have a million people in the region of Durham. I talked to Dr. Kyle about the present situation and the work we're doing and the impact it's having on residents and making a difference in their quality of life. He attributes that, again, to the leadership of our Premier, our cabinet and our public health officials here in the province of Ontario. As we deal with the second wave and any future waves we face, that dimmer switch is being used just for that purpose, isn't it?

On Monday, my local health unit in Durham, which I was just referring to, led by Dr. Robert Kyle, moved into the red control level of the provincial framework—in fact, at midnight. It was not a decision any of us in the region of Durham wanted to make, but it was the right one. It was the right one to protect the health and safety of the constituents I have the privilege of representing in Whitby. That decision was supported by my colleagues in the riding of Ajax, Durham, Pickering-Uxbridge and further north as we get to Kawartha Lakes.

I want to say this about the decision-making process affecting the region of Durham, and I think it's an important distinction as we discuss the potential reappointment of Dr. Williams. It speaks to the level of collaboration that our government takes in engaging public health officials across this province, the type of care and due diligence that we take to exercise that.

Speaker, you realize from your municipal experience that we have an upper-tier government in the region of Durham, and it's comprised of eight municipalities. So the decision-making of this level, the impact and how it affects communications to those particular municipalities, is absolutely key. The care and collaboration we took, led by Dr. Williams and his staff, was absolutely critical to how we communicated with each of those municipalities and their level of confidence in our advice and counsel going forward.

But that collaboration didn't end prior to making that decision midnight on Monday; it's ongoing. That care and diligence is ongoing. That's the function of the care and diligence of our government, led by Premier Ford and our cabinet. That level of care can be seen in every part of the province, and the effect of that. It will continue to be seen, but it needs to be led by a well-experienced, diversified practitioner like Dr. David Williams and what he brings on a day-to-day basis to the table, his advice and counsel and the effect of that advice and counsel.

Make no mistake as we gather here this evening, there's still difficult times ahead for our province, for each of our ridings, for each of your ridings. As I said at the outset, the care of our constituents is our primary responsibility. The safety of our families is our prime responsibility.

We have come this far. We have come this far based on the expert advice of our public health experts, led by Dr. David Williams, and his level of professional expertise, his efforts in reaching out regionally across this province to involve medical officers of health across the region in his decision-making process. In my view, at this critical juncture in our fight together—and I underscore "together," as we sit here this evening—it would be a mistake, an absolute mistake in judgment to start over.

I want to go back to the beginning of my speech and just read, finally—I know I'm running out of time; I'll find my first page here. I talked about the importance about public health being our uppermost priority as leaders in our community, the well-being of our communities. The person who can affect that and the continuity that's so important at this critical juncture is Dr. David Williams.

Stand in your place tonight. Stand in your place tonight, but reflect. Reflect on the work that he's done, the work that he's done and accomplished with public health officials across Ontario and judge that effect within each of your constituencies and the effect on your families and the people in your ridings.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Wayne Gates: Thank you very much, Mr. Speaker. It's not past my bedtime; I just want to let the Conservatives know that. But I want to be clear—and Mr. Speaker, I think you can appreciate that. I'm hoping enough of the Conservatives stay long enough to hear my 20 minutes.

I want to start my speech a little differently than what we have heard over the last five hours. I want to start by saying thanks to all our heroes who go to work every day, risking their lives in our grocery stores, in our long-term-care facilities, in our corrections offices. I want to say thanks to them. I think we all should say thanks to them, quite frankly.

But something else is bothering me as I stand up. As I listen, people talk about doctors, health care workers. I want to be clear, very clear—and I want the Conservatives all to hear me. I hope they have got lots in the back room or they're lying on the couch at home, because there's no Monday night football on tonight because it's Tuesday.

But I want to say this, and I'm going to be serious: I have nothing but respect for every doctor in this country. Dr. Connolly, Dr. Chu: These were two doctors that saved my life when I had open-heart surgery. I had a valve put in my chest, never knew if I was going to make it, but Dr. Chu never gave up on me. Dr. Connolly has taken care of me for the last 12 years, kept me alive so I can come and do what I do every day. I understand that some people don't agree with what I say, and that's fine. I don't have a problem with that. I was the president of a local union for a long, long time. They didn't agree with me very often either, but that's the way it is. Dr. Dargavel: my doctor, my family doctor who I love to death, who goes out of his way to make sure that I'm healthy.

So I want to be clear tonight: This debate isn't about doctors. This debate is about the government and how they have handled the pandemic and why we're here today. How did we get here? Did we do a good job? Did we do a bad job? Could we have done better?

We have had eight months, my friends—eight months to get ready for a second wave. Did we do a good job over the last eight months? Well, I'm going to read out some stuff that I don't think we have. But I think we should have the opportunity to talk to the table—what do they call that table?

2300

Interjections: The command table.

Mr. Wayne Gates: The command table, and ask them some questions: What if we did this? Would it be better?

We lost 2,100 of our loved ones—our parents, our grandparents, our aunts and uncles, in long-term-care and retirement homes. And when we take a look at it, without putting blame anywhere—because we can't let the Liberals off the hook for what happened in long-term care and retirement homes. We just can't. They were there for 15 years and didn't do their job. COVID-19 highlighted the problems that we know we had in long-term care but decided not to do anything about because it was over there. They weren't dying in record numbers. One or two people may die from C. difficile; one or two may die from MRSA—some of the diseases that they get. One or two may have died from the flu. So nobody really put enough care, quite frankly, into long-term care. Then the private sector came in, and I'll talk about that. But think about that: 2,100 people died. Out of that 2,100, I would think the majority of them, quite frankly, didn't have to die if we collectively would have done a better job over the last number of years—not the last eight months, the last nine months.

For the last 20 years, we decided to privatize long-term-care facilities in the province of Ontario. You can agree with me or disagree with me; you may think it's great that we did that. I, personally, think that it wasn't great, because we did the one thing—I think it was back in 2002 or 2003—we did the one thing that didn't make a lot of sense. We took our precious health care dollars and decided to give them to corporations and to CEOs and to executives. You can agree or disagree with me. Even my own party might not agree with me. But what we could have done is taken all that money, collectively, and put it into publicly run, publicly delivered long-term-care facilities and retirement homes. What that would have meant is every single penny would have went into care. It would have went into taking care of our parents, our grandparents. That's what we should have done—not just with COVID-19 over the last nine, 10 months; we should have done it for years.

Everybody told us: SEIU, Unifor, CUPE, Steel—everybody told you, "Listen, you've got to invest. You've got to hire more people. We need more PSWs. We've got to stop PSWs from going from one home to another home, taking COVID-19 with them and taking it into homes and infecting our seniors"—who, as we know, or as we found out over the last eight or nine months, can't fight this virus off like a young person that might be 15 or 16 years old or in their twenties. They'll get sick, but they might not die. They've got a lot better chance of living than if Wayne Gates gets sick. Having underlying issues, like having had open-heart surgery, I would probably die if I got COVID-19. Well, that's what happens when you take it into a long-term-care facility or into a retirement home.

Could we have done better? That's what this debate tonight should be about. And should we have the right to ask all the doctors what we should have done?

I'm going to give you an example before I get into some of the stats that I have. I'm going to give you an example which, really, in my own riding—and I think he was here; he might have left now. I guess I'm not supposed to say that, but anyway, he was here earlier. We had a problem in Niagara. Our numbers were going up, and our chief medical officer, Dr. Hirji—who I've had a good rapport

with over this thing—made a decision, outside of the province's decision, to use section 22 and put us into a form of a lockdown, particularly around restaurants and bars, where they could only have six people at a time in a bar, and they had to be from the same household. The province, a couple of days later—about four days later—lowered that down to four. So the problem was, the community was upset. All the restaurant owners were upset. The bar owners were upset. The communities were upset. And they used some of the examples that have been used here tonight: "Are you telling me I can go to Walmart but I can't sit in a restaurant? Are you telling me I could go to Costco, where they're lined up out the door, with very little safety"—they can say they have it, but they don't, in my heart, in my opinion. I'm not saying I'm right, but in my opinion, I don't believe they do.

Yet we shut down the bars and restaurants. What happened? The community and the restaurant group took it out on the doctor. They went after him, personally—cell numbers. They did all that stuff because people were so desperate. They're scared. They've worked their entire lives to build that restaurant up, that locally run restaurant that we all go to—in your ridings, in my riding. I go to Antica, I go to Mick and Angelo's. I go to all the little restaurants—Betty's. I do all that to support the local guy. But they got scared, because they've been hurting for so long, and they took it out on the doctor.

Here's what the doctor did, as regional councillors attacked him, as the mayors attacked him: He answers to regional council. It's a different level of government. We're provincial; there's regional council and then there are municipal governments. So he goes to a meeting on Thursday night, a specially called meeting, I believe—maybe it was a Tuesday night, maybe it was a week ago. For four and a half hours, Dr. Hirji was questioned by almost every single councillor that was elected in their community, asking questions: "How can you do this? Why did you make this decision?" It went on. At the end of the day, some of the same people who attacked Dr. Hirji were apologizing to him. What they were saying is, "We understand. We don't like the decision, but we understand it a little better." And what I've said to them: "Dr. Hirji made a decision based on what he thought was in the best interests of all the residents of Niagara. Whether I agree with him or I disagree with him, he was the expert that made that call."

What I need from the government—and that's why I wish he was still here. What I need from the government—because Dr. Hirji can't help them out. He can't help the restaurant owner. He can't help the bar. What we need is that government to give the local restaurant owners and bar owners a hand up to make sure they can get through this, get through COVID. They're the only ones who can do it, and they've got a fund out there that's $600 million, which, I believe—I might be wrong with this, I'm going off the top of my head; I don't have any big notes in front of me—some $600 million, and they're allowing Peel, Toronto and, I believe, Hamilton, to apply for the $600 million, which is fair. It's reasonable. That's what the government should do. But in Niagara, because it wasn't done by the government, it was done by our chief acting medical officer under section 22, we're not entitled to those funds.

I think that's wrong. I think it's irresponsible. I'm asking—I'm not begging the government, but I'm asking the government—to take a look at that. I think it's fair. We're the only area in all of Ontario where the chief medical officer made that call, because he did what he feels is in the best interests of keeping us safe. And I appreciate that, because I want to be able to come here and stand up here and talk for 20 minutes for the next two and a half years, until the next election—unless it's called early.

So when we're standing up here talking about what do we do, there is a perfect example. You give the opposition or, in that case, councillors an opportunity to ask questions and get real answers. At the end of the day, nobody is mad at the doctor, because they understood how he got to the decision he made. I think it's a very good example to use for tonight. I may be wrong, but I think that.

Some of the things that I did put some quick notes down—how much time have I got?

Mr. Gilles Bisson: Eight minutes yet.

Mr. Wayne Gates: Oh, I've got eight minutes. I've got lots of time to talk.

I know the House leader gets mad or gets upset or kind of comes after us sometimes, but the reality is I believe we're being fair, we're being balanced. We're asking to get some really serious questions answered. I'm going to tell you, how many times have I talked about schools and how I think we should only have 15 students? Till I'm blue in the face, right? I remember the first time I talked about schools, I had no moustache. Now look at me: It's growing light grey, it's going like that, my hair is down to here. Schools are so important because of our kids and our grandkids. Here's today's stats—and I was surprised at them, I'll be honest with you, when I took a look at them: Schools had 270 cases.

I know the one member—I don't know where he's from, but he's in the back there, the last row, and he raised about schools. So 270 cases; 223 students have COVID-19. Think about that: 47 staff. This one here jumped out at me, because I was a little surprised because I've been listening to the education minister saying how wonderful schools are and how well we're doing: 703 schools have cases—703. Do you know what that works out to, as we say that we try to keep COVID down to about 1.5%, 2%? I know in your riding, your area in Peel, it's up to 11% to 12%—some scary numbers coming out of that area. Fifteen per cent of the schools in Ontario are affected by COVID, and right now, today, we've got four closed.

2310

So when I stand up here and I say, "Okay, can we do something better to make sure that our kids and our grandkids are safe when they go to school?", here's the example—and it wasn't me that came up with the number 15; I believe it was St. Mike's hospital that came up and said, "Do you know what? If you want to open schools and

you want to make sure our kids and grandkids are going to be safe, have 15 in a classroom." Some of our classrooms—and I should say this anyway. My daughter Chantel is a teacher—I'm very proud of her—and my wife, Rita, was a principal. We talk about this all the time. My other daughter works in the school board, taking care of special needs. So I'm tied into education a little bit when we have debates about this. But if we know that 15 in a classroom is going to make sure our kids are safe, or safer, I guess, at the end of the day, why wouldn't we do that? What is the reason why this government will not do that? And these numbers are eight months after we just found out about COVID. I believe March 12 was when it really hit the fan kind of thing, that word you use—I'm not going to use that word that you normally say hits the fan. That was when the Premier—and you guys remember—said, "Look, don't worry about it. Go away on March break." Then about two days later, everyone said, "Get back here. We've got a problem."

Eight months later, this is what we got, because we don't want to take the investment, whether it's federally or provincially, and reinvest it into our schools. I ask everybody over there and I ask my own colleagues, what's more important than our kids and our grandkids and making sure they're safe? The schools are a big issue with me.

Today in long-term care, which I've talked about lots of times up here, we had 14 more people die in long-term-care facilities—that's somebody's mom, somebody's dad, somebody's aunt, somebody's uncle—and 27 more have been hospitalized. So when we talk about putting pressure on our health care system, they're going into ICUs, they're going on ventilators and they're putting on a lot of stress.

This one drives me nuts, quite frankly: 42 health care workers have tested positive today, 8.7% of the total cases. Yet how do we treat our workers? Some of them still haven't gotten paid their pandemic pay, which was done in July, I think, by your government. It was the right thing to do, yet somehow not getting to the real workers who need it. They still don't have sick days. These are nurses—and health care workers, rather than just break it down—that are going into work every day to risk their lives. I think it would be a fair question to ask the table why we don't have sick days for health care workers or just sick days in the province of Ontario so that people who get sick aren't going into work spreading the virus because they can't afford to pay their rent, they can't afford to pay their mortgage, they can't put food on the table for their kids. A lot of them are working in some jobs that are making minimum wage, and they're doing everything they can to keep their heads above water. These are fair questions, and I think, as the opposition, we should have that opportunity to ask them. It's just how I feel about that.

I talked a little bit about the restaurants, but I want to talk about something that I think really hasn't helped either when it comes to Bill 195. I get a lot of complaints about Bill 195. I get calls from long-term-care facilities, retirement homes, from the hospitals, and what Bill 195 did is that it allowed them to violate collective agreements and it allowed them, wrongfully, to change their shifts. So what happens a lot of times, because they're running so short because we won't hire more PSWs—which we should; we all know that—is they're working until 11 o'clock on a Friday night and they're going back to work at 6 in the morning. Or they're working 12 hours, 12 hours off, and then right back in.

The whole argument is—a lot of these places are represented by a union. Their argument is, "Well, the collective agreement doesn't mean anything anymore because the government put in Bill 195." They're burnt out; they're exhausted. They've had no vacation and they've got no sick time. What are we doing?

So when we stand up here tonight—and I know the government doesn't like what we've done tonight. I think it's fair. I think it's balanced. I appreciate the fact that the Premier—because he used a line that I used, quite frankly, in bargaining. I kind of chuckled when he said it. I think it was at the 1 o'clock news conference when he said he wants a doctor there because he's a good dance partner. Remember him saying that? I said that when I was in bargaining. You can't bargain if you don't have a dance partner; that would always be the company. The key is that when the company came to the bargaining table and they wanted to dance, you always led.

Mr. Gilles Bisson: That was the idea.

Mr. Wayne Gates: That's the idea of it, okay? Maybe that's what Premier Ford wants to do. Maybe he wants to lead too. I don't know.

I know I've got a minute left. I just want to say I've got lots of talk about, including I want to thank the military, quite frankly, that went in during COVID. Without them I don't think—I think they saved a number of lives by having the courage they did to raise what was going on in long-term care around rotten food, cockroaches and people dying in their beds with not having enough PSWs. I just want to say to the military: Thanks a lot.

I just want close by saying thanks for giving me 20 minutes of everybody's time and listening.

The Acting Speaker (Mr. Percy Hatfield): I recognize the government House leader on a point of order.

Hon. Paul Calandra: I seek unanimous consent to have the House sit on Wednesday, November 25, between the hours of 1 p.m. and 3 p.m., for the consideration of the extension of the Chief Medical Officer of Health.

The Acting Speaker (Mr. Percy Hatfield): The government House leader is seeking unanimous consent—I heard a no.

Further debate?

Interruption.

The Acting Speaker (Mr. Percy Hatfield): Before I recognize you, I'll say to the people in the seats behind us here, keep the noise down, please. You're getting loud. Maybe you're getting tired for some reason, but we're hearing too much of your chatter and not enough from the members.

I recognize the member from Burlington.

Ms. Jane McKenna: Thank you so much, Speaker. I first just want to say I appreciate the opportunity to discuss Dr. Williams' continued leadership as Ontario's Chief

Medical Officer of Health, but I just want to quickly point this out: I'm kind of perplexed about what exactly we're actually looking at today in this proposed amendment. The reason I say that is that we have enough uncertainty; why would we want to have more uncertainty when we have certainty with Dr. Williams right now?

The next thing I think I want to just point out—the people at home, I don't know who's awake at 11 o'clock or 11:20, but, nevertheless, I just want to point out so everybody understands what we're looking at with this proposed amendment. This is a study to review the reappointment. It's not even a decision-making decision. On top of all that—so is this posturing? Like, what exactly is this that we're sitting here at 11:20 at night when we could all could be at home? It's just a study to review the reappointment. I'm just shocked.

Sometimes when I come in here and we have situations like this that happen, I just can't understand how it's for the best interest of the people who are out there in Ontario, because everybody out there we have to thank, because it has been such challenging times for every single person in Ontario. Everybody is struggling. We're all trying to do the best we can, and, as I say to my kids all the time, "When you work alone, you make progress; when you work together, you make history." It is so important, now more than ever, that we all extend a hand to do what's right. It has been a very challenging time for the last eight months. All of us in here can attest to that.

Since the start of the global pandemic, our government has remained committed to protecting the health and safety of all Ontarians.

2320

As the parliamentary assistant to the Minister of Labour, Training and Skills Development, I can certainly say that Dr. Williams has been an excellent partner in our government's fight against the spread of COVID-19 in the workplace. Governments, workers, unions, labour leaders and businesses have been working together to prioritize the health and safety of every single worker. Our ministry has been working closely with the Ministry of Health, Public Health Ontario and Dr. Williams to provide support and advice for businesses and workers in Ontario. With help from Dr. Williams and his team, and in collaboration with businesses and labour, our government has created many resources that were crucial in the fight against COVID-19. We are doing everything in our power to keep workers safe. That includes publishing over 200 workplace guidance documents. We've also created six tip sheets, 33 posters and a safety plan template for businesses to create their own safety plan. Together, these resources have been downloaded more than a million times. I can't believe that—a million times.

I believe that Ontario's construction industry is a great example of the success we can achieve when everyone follows the best available medical advice coming from Dr. Williams and our government. We know that the construction industry in Ontario is vital for families and communities. It is responsible for building our roads, hospitals and every major piece of infrastructure in Ontario and Canada. Residential construction projects are critical to the thousands of families who need a roof over their head. If the construction industry did not follow our guidelines produced with the help of Dr. Williams, the Ministry of Labour, Training and Skills Development would have shut down more construction sites. Thankfully, aside from a few bad actors, employers took these guidelines to heart.

Speaker, it's unfortunate that during a global health pandemic, the NDP is questioning the abilities of our Chief Medical Officer of Health, especially considering that the NDP health critic, the member from Nickel Belt, was actually on the all-party selection committee that chose Dr. Williams as Ontario's Chief Medical Officer of Health back in 2015. She is also on the record in Hansard complimenting Dr. Williams back in April 2009, after his first stint as acting chief medical officer: "I want to thank the outgoing Chief Medical Officer of Health, Dr. David Williams, for his dedicated service to public health in our province. Dr. Williams faced some daunting challenges during his term, and certainly rose to meet them, working above and beyond the call of duty. For this, everybody in Ontario is grateful to you, Dr. Williams."

Since the very beginning of the pandemic last January, the Ontario government has taken actions in consultation with, or on the advice of, the Chief Medical Officer of Health on more than a hundred different issues—from the closure of publicly funded schools in Ontario on March 12 to moving public health unit regions to new levels on November 20 as part of the Keeping Ontario Safe and Open framework, and nearly everything in between.

Ontario's construction industry is a great example of what we can achieve when government, businesses and labour all work together.

I'd like to share a few quotes with you to illustrate some of what we've been able to accomplish. The first quote is from Patrick Dillon of the Provincial Building and Construction Trades Council of Ontario and Geoff Smith, president and CEO of EllisDon:

"We want to specifically thank the government for the rigorous inspection and enforcement across industry job sites. Increased enforcement helped ensure everyone knew that compromised safety would not be tolerated; it gave our skilled workers and their families the added confidence they needed to show up each day and get the job done.

"New guidelines were implemented, new practices were embraced and those who did not adhere were shut down until they improved site conditions to meet ministry guidelines. That's exactly what was and is needed."

Mr. Speaker, that is a great example of our collaborative work with industry leaders that would not have been possible without help from Dr. Williams.

The second quote I would like to share with my colleagues today is from Richard Lyall, president of the Residential Construction Council of Ontario, "We applaud your government's leadership and response during the past several months of the COVID-19 pandemic. Your government took decisive, necessary, and difficult choices

to address the COVID-19 reality, always with an eye to Ontarians' well-being as a top priority. Due to these actions and sacrifices by million of Ontarians, we are now fortunate to be on the road of slow recovery and return to a new type of normal."

Finally, Lisa Beech-Hawley, president of the Business Council on Occupational Health and Safety in Ontario said, "I would like to thank and congratulate you and your ministry staff for doing such a great job supporting employers in essential businesses over the last several months. You have shown impressive integration, agility, leadership and value to businesses and workers during this time and have created a sense that we have proactive, strong, informed and caring regulators."

At the end of the day, we all want the same thing for Ontario workers: To come home safe and sound after a hard day's work. Our government is focused on ensuring workplaces are safe, and we will continue to protect the health and safety of all Ontario workers.

As the Minister of Health and Deputy Premier said earlier this week, now, more than ever, we need experienced, stable leadership: "We need someone who fully understands the pandemic and the province's public health system as we continue to work collectively to stop the spread of COVID-19, and continue the work preparing for the deployment of vaccines.

"There is no one better suited for the job than Dr. Williams."

Should the leader of the official opposition step down in the middle of a global pandemic because some members of her party and many members of the public are questioning her abilities? That's why it is so disappointing to see the leader of the NDP choosing to create uncertainty at a time when Ontarians simply cannot afford it.

Even Liberal leader Steven Del Duca, whose government first appointed Dr. Williams back in 2015, has said he appreciates that a government would want continuity during a pandemic.

Everyone in this place respects those outside of government and outside of public health who, in good faith, are calling for different decisions and different approaches. But we understand the difference. When a critic gets it wrong, the consequences are minor. When the government gets it wrong, people's lives are at stake.

The reappointment of Dr. Williams will extend his term from this coming February to September 2021. In the meantime, the Ministry of Health will continue to look for his successor with that person hopefully inheriting a much better situation by the time Dr. Williams leaves the position in the fall of 2021.

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In our parliamentary democracy, the role of the opposition is to actively resist or refuse everything. Instead of using Dr. Williams's reappointment as material for their latest fundraising email pitch, the Ontario NDP really needs to put the best interests of Ontario families ahead of their partisan desire to score political points.

Speaker, as COVID-19 continues, evolves day by day, our government will continue to consult with and follow the advice of our chief medical officer.

The Acting Speaker (Mr. Percy Hatfield): Further debate?

Mr. Jamie West: I'm glad to be here tonight to talk about Bill 227 first and the motion on the bill afterwards—at 11:30 at night. This reminds me of my previous job. I was a smelter worker. I was a furnace operator. I was in health and safety for years and years but started as a furnace operator, Speaker. And if I can divert for a second, this chamber reminds me of a furnace. You don't get to see them from the inside a lot, but during rebuilds you can go inside. We worked 24-hour-a-day shift work, so being here until midnight doesn't mean anything to me. I don't start getting tired until around 3 or 4 in the morning.

But when I look at the cameras, for example, it's an arched ceiling, just like in a furnace, the hanging arched ceiling. Where the cameras are would be our tap chutes. You've got two on each side: west and east. You would have a skim where the camera is over there. You'd have a skim gun, a skim hole, a little higher than the matte. The matte is the valuable stuff; the skim is the slag that's not really that valuable. Then where the window is, you'd have a slag return, where you could bring in slag from the converter. It just reminds me of being there in the old days. Honestly, speaking on behalf of workers, the smelters, is what brought me here to a party that speaks on behalf of workers, so I'm proud to be here in the evening. I'm proud to be here any time.

Interjection.

Mr. Jamie West: Thank you.

I know it's not on topic, but if you'll just indulge me, because I was talking about furnaces, and Steve Durkac was the guy who taught me to be a furnace operator. His brother Derek Durkac does a fundraiser every year for the Sudbury Food Bank. He's doing it again this year. He's asking people to donate online—pride of the city, the Sudbury Food Bank Edgar Burton Christmas Food Drive.

I know in every riding we're struggling with people going to food banks and the need for charity, so I'm just advocating: Anyone who's available to give, I cannot, as MPP, ask people to give to a certain charity, but if you can provide to a charity, this is a good time to do it, to the one of your choice, of course.

I want to start by thanking the House leader, because I've caught on to why we're here this late. In half an hour, Speaker, it will be my birthday. I know all this is a ruse to keep us here late.

Applause.

Mr. Jamie West: I know the government House leader is behind it. People are circling in and out of the chamber. I know I'm not supposed to say it, but people are going in to get drinks and bathroom breaks and stuff, and I know what they're doing is going to an office to decorate and bring the cake. So I'll stall while you guys finish all that, and we'll talk about the debate today.

I love this debate. I really do. There are people in here that I have regular debate with, and I love the conversations. We get to know each other. I think it's important that we have these conversations. It frustrates me sometimes during debate when people say "playing politics," as if

when someone brings up a conversation, when someone says, "I have a concern," that it's just political and it's spin. Part of our job as politicians—things are political, but if you want to talk about playing politics, you jammed McVety into a COVID bill. That's playing politics.

Every reasonable debate we have is time-allocated. I was just elected in June 2018, like a lot of the members here. I know that there are some people who want to give us feedback. I know from my own personal experience, my workplace professional experience, if you don't talk to everybody, you make bad decisions. Everything here is time-allocated, everything here is rushed out the door as quickly as possible.

You can argue, "Well, it's COVID. We've got to do this," but you've been doing this before anyone knew what COVID was, just rushing it through. Comments like: "The NDP can't wait to get out of here." Can't wait to get out of here? We were here, sitting through June, just like the government and just like the independent members. We were all sitting here in June and July. In fact, in July, I remember that the government rose the House a day early, and I was surprised, because in my riding of Sudbury, schools and education workers and parents were saying, "What's the plan for back to school?" It hadn't been released yet. I thought we'd sit longer to nail it down and we didn't.

Hon. Paul Calandra: A point of order.

The Acting Speaker (Mr. Percy Hatfield): The government House leader on a point of order.

Hon. Paul Calandra: Given the member's desire to sit longer, I seek unanimous consent to extend the sitting this evening to 1 a.m.

The Acting Speaker (Mr. Percy Hatfield): I heard a no.

I'm starting to feel like Wilson Pickett. I'm gonna wait till the midnight hour.

I'll return to the member from Sudbury.

Mr. Jamie West: Thank you, Speaker. I appreciate the effort.

I talked about my background in health and safety. There are some safety concerns with people working until midnight. I see almost everybody in the morning in the parking lot. We've been here all day—

Hon. Paul Calandra: Sorry, Speaker. Point of order.

The Acting Speaker (Mr. Percy Hatfield): Excuse me. Sorry for the interruption.

I recognize the government House leader on a point of order.

Hon. Paul Calandra: It's a valid concern about working late, Mr. Speaker. That's why I would seek unanimous consent to have the House sit tomorrow, Wednesday, November 25, between 1 p.m. and 3 p.m.

The Acting Speaker (Mr. Percy Hatfield): The government House leader has raised—

Interjection.

The Acting Speaker (Mr. Percy Hatfield): That answers that.

I return to the member from Sudbury. Sorry for the interruption.

Mr. Jamie West: No, that's fine. I can only assume the government House leader isn't done decorating my office for my birthday. I appreciate the stall time.

There are members who have been on House duty since 3 o'clock—it will be nine hours at midnight. I've seen many of the members on both sides of the House come early this morning. Many of us have been here since 7 a.m. We're going to return tomorrow morning at 7 a.m. I have a committee doing a Zoom check at 8:30. We're going to be busy. I'm concerned about safety, legitimately. People are travelling back and forth and they get tired. People are used to being asleep at a certain time. There are a lot of studies that show that when you're tired, your response time is similar to if you were impaired. So I appreciate the opportunity to speak or to stay longer, but I think we have to balance safety with it, as well.

I hear a lot about talking about the qualifications and talking about the chief medical officer; that has never been raised.

I want to get into what is in the motion, specifically. The member for Nickel Belt brought up the motion. She talked about public health units to begin with. I was taking notes. She talked about the government's plan. Originally, there were about 34 public health units, and then, prior to COVID-19, the plan was to chop it to 10—a big concern in the north. We thought maybe one would be in Sudbury or North Bay or Thunder Bay. It's a 15-hour drive between Sudbury and Thunder Bay. That's a big gap. Like the member for Nickel Belt said, an area the size of France with one public health unit; there are some concerns with that. She talked about the good work that public health does, and I think we're all aware of it now. She talked about daycares and restaurants, clean water and safety. Safety is front and centre for all of us—

Hon. Paul Calandra: Point of order.

The Acting Speaker (Mr. Percy Hatfield): I apologize once again to the member from Sudbury.

The government House leader has risen on a point of order.

Hon. Paul Calandra: I'm concerned, Mr. Speaker. I believe we are talking on the amendment to the original motion, and I would hope that you would guide the member to speak to the amendment for the next 12 minutes and two seconds.

The Acting Speaker (Mr. Percy Hatfield): Thank you.

You've heard what the government House leader has to say. It is his wish that you speak to the amendment on the motion. I've been listening closely, and you have made references to what the member from Nickel Belt has raised, so I think you're on track. He doesn't think you're on track. If we keep that in mind as we inch ourselves for another 20 minutes towards that magic midnight hour, maybe we'll get out of here all in one piece.

Happy birthday, by the way.

Mr. Gilles Bisson: Not yet.

Mr. Jamie West: No, not yet. In 20 minutes.

I was getting to how we got to the amendment. It was literally the next thing I was going to talk about.

All of us have realized, through COVID-19, that public health does a really good job.

She explained the process of the Chief Medical Officer of Health. The Chief Medical Officer of Health reports to the Deputy Minister. The Deputy Minister reports to the Minister of Health. And the Minister of Health reports to the Premier. It can create a perception that they're beholden. We're not saying they are beholden; it creates a that they're beholden. We're not saying they are beholden; it creates a perception. There are people out there who have anti-mask rallies where, to the point they believe that masks aren't necessary, they'll gather in big groups. It's not because of right or wrong; it's just that people have weird perceptions.

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So she brought up an amendment. I'll read it here. It basically says:

"That an all-party committee of the Legislature be appointed to review the proposed reappointment of Dr. David Williams as Chief Medical Officer of Health for the province of Ontario; and

"That the committee shall have a membership of up to eight members, comprised as follows:

"—four members of the government party

"—two members of the official opposition"—the NDP

"—two independent members"—that would be the Liberals and the Greens;

"That the committee be chaired by the Speaker" who would be non-voting...;"

The deadline for indicating who would be in the committee would be December 4;

The committee will meet at the call of the Chair; and

"The committee shall present, or if the House is not meeting, release by depositing with the Clerk of the Assembly its final report by December 16, 2020."

Members opposite brought up some concerns with this. The first one they brought up was that that committee is equal. It's equal. Which surprises me, because they're always saying, "Let's work together." I think we can work together. We're kind of in agreement that this is an important position. It's technically not equal. It's equal when you talk about government versus opposition members, but there are different parties bringing different points of view. It seems as fair as you could make it.

Releasing the final report. We're scheduled to rise December 10. The final report would come out December 16. We've all indicated—back in June, maybe in May—that we'll come at the drop of a hat. We've all done it from all sides. We've had small meetings or full meetings of the House. It's urgent; it's COVID-related; we'll come. I believe they have the ability to call us back.

Hon. Paul Calandra: But you're too tired. You're sleepy.

Mr. Jamie West: I didn't say I was tired. The member from Ottawa South, during debate, talked about the previous process and I appreciate this because I wasn't here. He said it took two years to appoint the last Chief Medical Officer of Health and he wanted to know what the rush was now. I never thought of that before but I'm not sure what the rush is.

I think what he underscored, and we've said it several times on this side of the House, is that no one is challenging his expertise. I've never heard anyone challenge his expertise. I've heard his résumé several times on the other side. It sounds wonderfully impressive. I could only imagine if you get in that position you have a really impressive résumé. I have no concerns about that.

We're sitting right now in COVID. We know that. I know everybody knows that, I'm just making context for people who are listening. And 3,519 people have died in Ontario due to COVID. Part of that, I think, is because it's so different. It's so contagious. For many of us, when you think of a massive contagion you think of zombie movies or things like that. You don't think of something that is silent and spreads. A lot of people don't know they're sick until after they're tested, after they've spread to other people.

Dr. Zalan in Sudbury early on was explaining to me how contagious this was. I'm talking, like, March. He said to picture a gumball machine, where you put a quarter in—probably a loonie now—and you get a gumball. Picture all the gumballs are white. The one with COVID is red. It's somewhere in that bowl. Every gumball it touches turns red. Every gumball they touch turns red. That's how quickly it spreads. That's an image I think of all the time as the numbers go up.

Sudbury had a spike, a really quick spike, and a lot of people were upset at the people who were sick. Then cooler heads prevailed and they said, "Look, we're all dealing with this together. We have to be supportive. It's super contagious."

I think rules are important when it comes to health and safety. I'm proud of my background in health and safety. But the rules don't seem to match all the time, Speaker. The rule is about two metres. We're all sitting here socially distanced from each other. Sometimes, on a clip, you look like you're the only person in the room. That two-metre rule we follow everywhere we can, everywhere possible, except for on school buses, except for in classrooms. When I see pictures in classrooms with the desks, it's similar to this, but the students are sitting here and here. When I come to Toronto, when I come to Queen's Park, and I see us always spaced apart, I think, "Why is the rule different here than there?"

Things have changed in Toronto, but there was a rule about bars closing at 11. I found that confusing. I joked with my friends that COVID is too cool to come out before midnight. If the rule is in place—if it's safe until 11, it has to be safe afterwards, or it's not safe before 11. In my head, that's how I think about it.

Similar and more recently, with Walmart being opened and small businesses being closed, if there is a way you can safely shop at Walmart, there is a way you can safely shop at a small business, or there's not a way you could safely shop at either of them. But you can't have it one way or another way for similar industries. It doesn't make sense to me. And I think, getting to the amendment, people

want to understand why. They want to ask questions. They want to know who is at the command table. It's not about the people who are there. They want to know what's happening and why and get some consistency to what's being talked about.

The member from Niagara Falls, during debate, talked about schools and the stats for the schools: 270 cases; 223 of those are students and 47 are staff. One of them died.

We had a moment of silence here. For anybody watching, we all had a moment of silence. On the clip, it looks like I'm the only one standing because the camera was on me during debate. We all stood: Conservative members, the Speaker, everybody. I just want to be clear about that. We all stood together.

We have 703 schools with COVID infections. Four schools have been closed. Whenever I hear things like this, whenever I hear about the number of long-term-care centres or long-term-care clients who have infections or who have died, the response is always, "Think about how many are not." We're talking about people who are sick or people who have died. This is not a glass-half-full conversation. This is a conversation that we should be thinking, how do we get to zero? Conversations about safety are always about zero harm: How do you eliminate? How do you prevent it from happening again?

Quite frankly, I'm concerned. The second wave, when you see the graph, it's a big wave, man. And I think we're just going up. It doesn't look like we've crested yet.

I believe, in the first wave, long-term care got crushed, and we had weeks and months, you might argue, to prepare for the second wave for long-term care. I don't see much preparation for the second wave in long-term care.

I talked about this before, Speaker, but St. Joseph's in Sudbury, the Sisters of St. Joseph, they have a long-term-care centre. They've been trying to get N95 masks since June. They asked the government and they didn't get them, so they asked for help. I tried to help and the member from Nickel Belt, who is our health critic, tried to help. In September, she brought a question up and the Minister of Long-Term Care said, "Everyone has masks; everyone has the PPE they need." So I went back to the Sisters of St. Joseph, and I said, "Is that true?" They said, "No." So I went back to the government, and we get the government dance where they send you to the ministry, they send you to the distributor. The point I'm making is it's almost November 25. They brought this up in June.

On November 24, in question period, I'm watching from my office because we're socially distancing, the Minister of Long-Term Care got up and said, "Every single long-term-care facility has the PPE they need." Not in my riding—and, I'm concerned, maybe not in other ridings too.

We need to work together, and work together doesn't mean just nod your head and follow along to whatever I say. That's not working together. We need to really work together. We're all concerned about this. I know you are as well as we are. I'm not soapboxing here. I'm not saying my party is the best; I'm not doing that. What I'm saying is we're all on the same page, but let's actually work together and not just pretend we are.

I only have about a minute; I'm trying to pick which one I want to talk about next. I'm going to talk about PSWs because it's connected to long-term care, and I have about a minute.

On October 1, there was an announcement of a temporary wage increase for PSWs. On October 1, it was announced. A lot of PSWs were excited. In the fine print, this is only for public sector ones, but still—it shouldn't be temporary in the first place. The wages are too low to begin with. It's going to the public sector ones.

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That was October 1; like I said, it's nearly November 25. Workers in my riding are asking me where's the money, and their employers are asking me where's the money. So their employers don't know, the employees don't know, but at the same time, in the same breath, the government is saying, "We're doing all we can to help long-term care." Announcements that don't have funding don't mean anything.

I have eight seconds, Speaker. I just want to thank you for all you've done today. I know it's been a long shift for you, as well.

The Acting Speaker (Mr. Percy Hatfield): Thank you, birthday boy.

Ten minutes to go, but before that, the member for Richmond Hill would like to speak.

Mrs. Daisy Wai: Thank you for the opportunity to rise tonight and speak about the extension of the contract for Dr. Williams. It is a pleasure to rise this evening, close to midnight, and speak to the good that our Chief Medical Officer of Health has done for our province and the sector that I help to represent as parliamentary assistant to the Minister for Seniors and Accessibility.

First, I think it is particularly important that we remember that Dr. Williams could have taken the easy road. He could have chosen to retire in mid-February. But he didn't, because he really cares for the people in Ontario. He has been front and centre in the fight against COVID-19, keeping in regular contact with all the public health units across the province, working 24/7. We see him every day attending to the media. We know how much work, how much stress that is. We in this House have been working hard, but if we can imagine how hard he has been working, not only just in front of the media and also managing all the health units, but also planning, strategizing what to do after this. It really must be tiring.

Dr. Williams has answered the call from the Premier in his offer to extend his service until September 1, 2021, because as our government and our Premier approached him and let him know that as his contract is expiring, we need to have the continuation. I really thank the House leader for doing this, seeing that his contract was coming to an end, to expire, and we're already thinking ahead of time how to extend it so that we can have the continuation of his work.

At this point, I want to say a little bit about my impression of Dr. Williams. He first came and spoke to us

in early January, telling us not to be afraid, not to be fearful. He had already gone through the time of SARS. He was on the team put together to control the challenges from SARS, and how the medical system has been improved since then. He has also tackled a few pandemic diseases after that. We know he really has everything under control.

I want to echo the comments from Minister Elliott that now, more than ever, we need experienced, stable leadership in this role. I believe she is right in stating that no one is better suited for this job than Dr. Williams. His advice has been invaluable as we sought to bend the curve of the first wave of the pandemic.

His collaboration with our federal and provincial partners has made a difference as we have sought to leverage their experiences and not reinvent the wheel, as we, as a country, have fought against the virus. These kinds of relationships are invaluable as we seek to save lives.

We have appreciated the guidance and moved very early to protect the retirement home residents, staff and the families. He advised us early in January and February to do a lot of work. His advice has helped make a difference as we moved quickly to first require retirement homes to follow his direction.

Yes, we still have deaths in the retirement homes, but we understand that seniors are the vulnerable group for this virus. Without his direction and guidance, the cases could have been worse. His direction has already helped to protect the retirement home residents by limiting retirement home staff to only work in one retirement home, led to restricting visitors to our retirement homes, helping to limit the spread of COVID-19 from the communities in which the homes reside.

This was a very tough decision to make, especially knowing that it is so difficult to have this social isolation for the seniors and the family members. It is a tough call. He also encouraged us not only just to care for the retirement homes, but to help the seniors right at home. How can we help them tell the family members and all the community partners to have activities and programs together with them so that they can help them to go through this tough time of social isolation?

He also reminded us to tell the younger generation not to go out and party, but to remember the seniors at home as well. He has been giving out all the advice, both for mental health as well as physical health, for seniors and families alike.

Time after time, we have asked Dr. Williams to give advice and guidance on difficult matters. As we shifted out of wave 1, the guidance of Dr. Williams helped as we were able to ease restrictions as much as possible, in a safe way. It has made a difference, Mr. Speaker, as we have looked to match our regional approach to the pandemic to the on-the-ground experience across the province.

The shift to a regional approach has been more demanding. It has required an understanding of how the experience in Sault Ste. Marie is different from that in Scarborough. His guidance has helped us as we have looked to open our retirement homes for visitors in as many areas of the province as it has been safe to do so, and for as long as possible.

With wave 2 coming, he has also guided us to make sure that we can only have window visits, or if they are really close family members, they can go in, but then they have to take the COVID test as well as proper PPE. His guidance is so clear for us, as we help the seniors in the retirement homes as well as the seniors at home.

Dr. Williams staying in his current role helps ensure that our government continues to receive the invaluable, straightforward advice that we have gotten since the start of this pandemic. This advice has helped us as we have learned lessons from, and adapted our approach to, wave 2.

It also helps us as we look to plan for the reception and the deployment of the COVID-19 vaccine province-wide.

Now, more than ever—

Interjection.

Mrs. Daisy Wai: I know. In 30 seconds we'll say, "Yay, it's midnight!" But now, more than ever, we need consistency, someone who knows the situation facing the province.

Mr. Speaker, in addition to my role as parliamentary assistant to the Minister for Seniors and Accessibility, I'm also proud to be the member of provincial Parliament for Richmond Hill. I hear a lot of what my residents are asking. They thank Dr. Williams for the advice he has given them. We know it is tough. They all look at the TV every day, looking for his advice. They cannot imagine how at his age, he is still coming out and helping everybody in Ontario.

Debate deemed adjourned.

The Acting Speaker (Mr. Percy Hatfield): Thank you. I apologize for interrupting, but we have the—

Mrs. Daisy Wai: Happy birthday to the member opposite.

The Acting Speaker (Mr. Percy Hatfield): Yes. The member for Sudbury has a happy birthday now.

We have reached the midnight hour. Therefore, this House stands adjourned until 9 a.m. tomorrow.

The House adjourned at 0000.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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Speaker / Président: Hon. / L'hon. Ted Arnott
Clerk / Greffier: Todd Decker
Deputy Clerk / Sous-greffier: Trevor Day
Clerks-at-the-Table / Greffiers parlementaires: Tonia Grannum, Valerie Quioc Lim, William Short, Peter Sibenik, William Wong
Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

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Anand, Deepak (PC)	Mississauga—Malton	
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Baber, Roman (PC)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches–East York	
Bethlenfalvy, Hon. / L'hon. Peter (PC)	Pickering—Uxbridge	President of the Treasury Board / Président du Conseil du Trésor
Bisson, Gilles (NDP)	Timmins	Opposition House Leader / Leader parlementaire de l'opposition officielle
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
Calandra, Hon. / L'hon. Paul (PC)	Markham—Stouffville	Minister Without Portfolio / Ministre sans portefeuille Government House Leader / Leader parlementaire du gouvernement
Cho, Hon. / L'hon. Raymond Sung Joon (PC)	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Stan (PC)	Willowdale	
Clark, Hon. / L'hon. Steve (PC)	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	
Coteau, Michael (LIB)	Don Valley East / Don Valley-Est	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
Downey, Hon. / L'hon. Doug (PC)	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
Dunlop, Hon. / L'hon. Jill (PC)	Simcoe North / Simcoe-Nord	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine Minister Without Portfolio / Ministre sans portefeuille
Elliott, Hon. / L'hon. Christine (PC)	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
Fedeli, Hon. / L'hon. Victor (PC)	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

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Ford, Hon. / L'hon. Doug (PC)	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
French, Jennifer K. (NDP)	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
Fullerton, Hon. / L'hon. Merrilee (PC)	Kanata—Carleton	Minister of Long-Term Care / Ministre des Soins de longue durée
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay–Supérieur-Nord	
Gretzky, Lisa (NDP)	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Hon. / L'hon. Ernie (PC)	Oxford	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud–Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Solicitor General / Solliciteure générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (IND)	Cambridge	
Karpoche, Bhutila (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London-Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga-Centre	
Lecce, Hon. / L'hon. Stephen (PC)	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
McNaughton, Hon. / L'hon. Monte (PC)	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est–Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough-Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Hon. / L'hon. Rod (PC)	Ajax	Minister of Finance / Ministre des Finances
Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est–Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest–Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
Surma, Hon. / L'hon. Kinga (PC)	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
Thompson, Hon. / L'hon. Lisa M. (PC)	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Tibollo, Hon. / L'hon. Michael A. (PC)	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances Minister Without Portfolio / Ministre sans portefeuille
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Walker, Hon. / L'hon. Bill (PC)	Bruce—Grey—Owen Sound	Associate Minister of Energy / Ministre associé de l'Énergie Minister Without Portfolio / Ministre sans portefeuille
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakabuski, Hon. / L'hon. John (PC)	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Yurek, Hon. / L'hon. Jeff (PC)	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

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